

**STEPHEN J. CUMMINGS, PH.D.  
LICENSED CLINICAL PSYCHOLOGIST  
2001 26<sup>TH</sup> AVENUE EAST  
SEATTLE, WASHINGTON 98112-3043  
(206): 328-3300  
FAX: (206): 328-6795  
E-MAIL: SEATTLEPRO@AOL.COM**

**WELCOME TO MY OFFICE**

**It is helpful to have a written copy of office policies and procedures so that you may refer to them at any time. If there are questions you have, please feel free to discuss them with me at any time.**

**TRAINING AND LICENSURE:**

**I received a doctoral degree in Clinical Psychology from the University of Colorado in 1972. Subsequently I completed a predoctoral internship specializing in child and family psychotherapy and evaluations at University Hospitals in Cleveland, Ohio. I have been licensed to practice psychology in Washington (#843) since 1983. I have also taught psychology at the college level, worked in residential institutions and mental health centers, and have served as a court-appointed evaluator and expert witness in legal proceedings.**

**APPROACH:**

**My approach varies with the needs of each client. I have found that the client-therapist relationship is more important than specific techniques. Trust and comfort are essential to self-disclosure and openness to change. My style is informal, pragmatic and interactive. I view the therapeutic relationship as a partnership between client and therapist. If you are engaged in psychotherapy and/or evaluation, please ask questions about goals, procedures, and expectations. In the case of testing and evaluations, it is helpful to share the results in everyday language to help you understand yourself to a greater degree. Test results enable me to increase my understanding of you and facilitate the psychotherapy process.**

**The success of your therapy rests largely on your openness, active participation, and commitment to change. Like all therapists, I am unable to guarantee a specific outcome or evaluation finding. I do promise the following: my energy and skills in answering your questions to meet your goals; support and information; provision of current treatment methods tailor-made to help you become happier in your life. Therapy goals can also include clarity, self-control, comfort, capability, and personal power. Therapy procedures and duration can vary greatly. Some people need new thinking habits and behavior, while others require new skills. For persons**

with long-standing issues, it is essential to understand and process childhood experiences, identify key events, complete unfinished feelings, and learn to better recognize, label, and express thoughts and reactions. I often suggest “homework” between sessions.

Psychotherapy often entails recalling unpleasant aspects of your personal history and/or experiencing some discomfort such as sadness, guilt, anxiety, fear, anger, loneliness, and helplessness. Surprisingly, experiencing these feelings within your tolerance can lead to reduced levels of distress, better relationships, improved interpersonal skills, and a greater sense of personal autonomy. Much of the time in therapy will consist of talking about the issues you present. For most people, therapy means individual sessions, always weekly at the start, sometimes bi-weekly as therapy winds down. With intensive treatment and crises, I often see clients for several visits or for extended sessions each week.

**APPOINTMENTS:** Sessions are 50-80 minutes in length and are held exclusively for you. If you are unable to keep your appointment for any reason, *please give at least 24 hours advance notice if you have to cancel your session.* Otherwise, you will be charged the full amount for time reserved for you. Insurance cannot be billed for cancellations or no-shows. If a genuine emergency leads to a late cancellation, I will attempt to reschedule an appointment for you during the same workweek.

**FEES:** The full fee is paid at each session, unless you are a member of a prepaid HMO, EAP, or PPO with whom I am contracted. In those instances, co-payments should be made. The fee for individual psychotherapy is \$150.00 per 50-minute unit and \$180.00 for 75-80 minute sessions. These rates also hold for consultations with agreed-upon third parties, e.g., physicians, teachers, and attorneys.

The fee for psychological evaluations is \$250.00 per hour. The same rate holds for interviews, testing administration and scoring and the write-up of the evaluation itself. I will do my best to estimate the likely eventual cost of evaluations at our first meeting based upon what you tell me; if further issues or complications arise, the cost is necessarily adjusted. Evaluations canceled less than 48 hours prior to your appointment will be charged full fee. The final report as well as the client file cannot be released until payment is made in full.

In the case of evaluation services, please be forewarned that there may be little or no confidentiality. When I am asked by an attorney, court, or agency to provide an evaluation of you, you must assume that anything that I have documented in my files may be shared and, in some instances, become public record. When you are seeing me for purposes of an evaluation, do *not* share anything with me which you would not want to be divulged to others. Please understand that insurance companies almost never cover psychological evaluations and that I will not bill them for these services. This also holds true for document review, report writing, and collateral consultations.

The fee for actual testimony in depositions or court settings is \$300.00 per hour. This rate includes preparation for testimony, as well as travel time to and from the setting.

**INSURANCE:** In this state, most group insurance plans include some type of mental health benefits. Many require that the identified client have a diagnosable mental disorder and require preauthorization by a manager care case manager in writing. This means that I am required, with your written consent, to provide periodic reports for extension of services to managed care companies. In addition, insurance companies have the right to audit records, thus making your file subject to scrutiny to ensure that services were “medically necessary.”

It is essential that you examine your insurance coverage: the service limitations in a calendar or fiscal year; the need for a referral from a primary care physician; medical necessity and preauthorization requirements; changes in the level of financial reimbursement and co-payments; the carrier’s right to information about your care; rationale for discontinuing or disapproving continued services. I will do my best to help you negotiate this sometimes-imposing process. Ultimately, my relationship is with you, not the insurer. Many people eventually decide to continue therapy despite minimal or absent insurance coverage. While psychotherapy can be an expensive proposition, most clients view it as an investment in themselves and ultimately find it pays off it wonderful, lifelong dividends. I fully appreciate that money itself is one of the major stressors in our lives.

Specifically, please check with your insurance company to find out whether your policy covers outpatient psychotherapy provided by a licensed psychologist in this state. You should ask about (1) the amount of reimbursement for per session allowable; (2) the maximum amount of insurance payments (cap) in a calendar year per *individual client*; (3) your annual deductible amount before coverage begins; (4) the amount of the required copayment or co-insurance per session.

For prompt reimbursement, I will ask you to fill out a standard HCFA-1500 insurance form and have you fill out your portion of the form. I then fill in the provider’s section and mail the claim form to your carrier at the end of each calendar month. If I receive a check from your insurance company, I will promptly write you a check for the identical amount, unless there is a balance due in your account.

If you are a member of an HMO or PPO with whom I am contracted, specific billing information will be given to you, and your policy coverage will be clarified prior to the start of therapy. Please inform me of any changes in coverage immediately, as I do not want financial issues to interfere with your psychotherapy. Ultimately, if there is a balance owed due to complications with your insurance carrier, *you are accountable for charges due.*

**CONFIDENTIALITY:** All issues discussed in the course of therapy are ordinarily strictly confidential. By law, information concerning treatment or evaluations may be released only with the written consent of the client or parent/guardian.

Exceptions required by law include (1) suspected child or elder abuse; (2) suicidal behavior; or (3) threatened harm to a specific other. In certain circumstances, the court may subpoena your treatment records. It should be noted that in those rare instances when financial agreements are not kept, referral to a collection agency might occur, resulting in divulging limited information about dates of service and balance due.

**EMERGENCIES:** If you need to contact me for any reason, *I maintain call forwarding*. My answering machine is always operative beyond the office setting. Outside ordinary working hours, I return calls as promptly as possible. *Be sure to leave your phone number at all times*, even if you think I have it on hand. When I am out of town, I would suggest calling the Crisis Clinic (447-3222) or 911.

**ETHICS AND PROFESSIONAL STANDARDS:**

**Dual Obligations:** Please share any concerns that you may have about any apparent mixed loyalties if I am being paid by someone else or asked to report on your progress. I cannot be both your therapist (advocate, supporter) and evaluator (objective neutral professional).

**Becoming friends:** Ethical guidelines preclude social or business contacts with present or former clients. Intimate contact with clients is always inappropriate and clearly prohibited.

**Gifts:** While I sincerely appreciate the thoughtfulness involved, it is simply inappropriate for me to accept gifts of any meaningful value.

As a licensed psychologist and member of the Washington State Psychological Association, I am accountable for my work with you. If you have any concerns about the course of treatment or evaluation, please discuss them with me upon occurrence. I look forward to working with you in your best interest.

**PLEASE SIGN BELOW:** I have read and understood this four-page office policy statement and have received a copy of this agreement upon request.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_ 201\_\_\_\_\_