

Informed Consent and Disclosure Document

Kai Scantlin, M.A., Psy.D.
Licensed Psychologist #PY 60511911

1700 Westlake Avenue N., Suite 400, Seattle WA 98109
kai.scantlin.psyd@gmail.com
www.kaiscantlin.com
206.708.0932

This document is designed to foster clarity, understanding, and trust by providing information about what you can expect from me as your therapist, as well as by describing your rights and responsibilities as a client.

Rights, Responsibilities, and Practices of the Therapist

I. Confidentiality

Except as explained below, you have an absolute right to confidentiality in your therapy. The following are the only legal exceptions to this confidentiality:

- If I believe that you are in imminent danger of seriously harming yourself, I may legally break confidentiality and call the police or the county crisis team. I will make every effort to explore all other options with you before taking this step.
- If I believe that you will harm another person, I am required to attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
- If I believe that you or someone else are abusing or neglecting a child or a vulnerable adult, I am required to inform Child Protective Services within 48 hours and Adult Protective Services immediately.
- If you inform me that another health care provider is not able to practice with reasonable skill and safety due to a mental or physical condition, I am required to report this to the Washington State Department of Health. As such, if you yourself are a healthcare provider and I believe that you are unable to practice with reasonable skill and safety, I am required to report you.
- If I am presented with a properly served subpoena and you do not inform me that you are seeking a protective order against my compliance, I am required to comply with the request of the subpoena. I must also disclose information if I receive a court order requiring the disclosure.
- If you file a complaint or lawsuit against me, I am permitted to disclose information relevant for my defense.
- If I file claims with your health insurance company or attempt to collect past due fees, I may provide the relevant agencies with identifying information.
- You have a right to have information disclosed to other practitioners for the purpose of coordination of services and/or treatment; in this event you will be asked to sign a Release of Information (ROI).

If any of the above situations occur I will make an effort to discuss the situation with you before taking action, and I will limit the content of my disclosure as much as possible.

If you elect to communicate with me by email, please be aware that email is not completely confidential; all emails are retained in the logs of the internet service provider.

Please note that in keeping with the generally accepted standards of practice, I frequently consult with other mental health professionals in the management of cases. The only purpose of consultation is to ensure quality of care, and your identity is protected at all times during these consultations.

II. Record keeping

I will take notes during and after our sessions, and will retain them in your records for both your protection and mine. In the state of Washington, you have the right to request that I not keep any detailed records of our work together. If you would like to exercise this option, please provide a written request. You have the right to see a summary of your records, but I request two business days' advance notice. In keeping with standard practices, your records will be kept for seven years after your last visit, at which point they will be destroyed.

All reasonable precautions are taken to maintain the confidentiality and security of your records, with the following exceptions:

- Records are released with your written authorization, or that of your personal representative, should you become disabled or die.
- Records are released if you waive privilege by bringing charges against me.
- Records are released in response to a subpoena from the state secretary, in response to a regulatory investigation, and as required in cases of abuse, neglect, or harm to self or others.

III. Continuity of Care

My services are provided without discrimination regarding race, ethnicity, religion, sex, national origin, or any other factor. However, I am required by professional ethics to practice within my area of competence only, and in some cases, a particular condition or situation may be beyond my scope of training and experience. In these cases, I will terminate therapy and will make a referral to an appropriate clinician. This will usually happen during the first interview or in the early weeks of therapy, though it may happen later if it becomes clear to me over time that I am not an appropriate fit for your needs.

IV. Phone Calls/Emergencies

I maintain office hours Monday to Thursday, 8:00 a.m. to 5:00 p.m. Outside of office hours or when I am in session, voice mail will take your calls. Messages left during the business week but after office hours, including emergency messages, may not be returned until morning, and voice mail messages left after 6:00 PM on Thursdays may not be returned until Monday morning.

If you need to speak with someone urgently before I return your call, please call the King County Crisis 24-hour line at 206.461.3222, toll free at 866.4CRISIS, or via their TDD line at 206.461.3219. If you are experiencing a life-threatening emergency, please dial 911 or go to the nearest hospital.

If I will be out of the office for an extended period, I will inform you in advance and will give you the name and phone number of the therapist who will be covering my practice during my absence.

IV. Telehealth and Travel

I use HIPAA-compliant videoconferencing software to provide telehealth sessions during times of illness, travel, and other extenuating circumstances. Please note that I may telecommute up to three months of the year. I will continue to meet with you at our regularly scheduled time during those periods to the best of my ability. I am happy to talk with you about any questions you may have on this topic.

V. Membership at The Seattle Clinic

Although I am a member of The Seattle Clinic, please note that I am an independent practitioner solely responsible for the care of my clients. You are hiring me, Kai Scantlin, doing business as Kai Scantlin, PsyD, not The Seattle Clinic. You agree to indemnify and hold The Seattle Clinic, LLC, and its owners/agents, harmless from any and all claims, of any nature whatsoever, related in any way to the service(s) you are receiving from Kai Scantlin, PsyD. The Seattle Clinic LLC is an intended third-party beneficiary of this agreement and may present this provision as an absolute defense against any suit brought by me (a patient or guardian of a patient) against The Seattle Clinic LLC or its owners/agents.

Rights and Responsibilities of the Client

I. Responsibility for Punctuality

If you are late for your session, we will end on time and not run over into the next person's session. If you cancel with less than twenty-four hours' notice for non-emergency reasons, you will be billed for 75% of the cost of that session. Please note that insurance *will not* cover missed sessions; as such, you will be responsible for these costs out of pocket.

II. Responsibility for Payment

My fee for an initial intake session is \$200.00/session, and my fee for individual therapy sessions is \$175.00/ session. Payment for each session may be handled in one of several ways, but in all cases, full payment is due on a monthly basis. I reserve the right to request that appointments be rescheduled if payments cannot be made at the time of billing. The maximum outstanding balance allowed is \$350.00. If your debt approaches \$350.00, regular payments must be made for continuation of service. Persons who are unable to make payments may be referred to community mental health agencies where lower fees are charged. If the debt is caused by your insurance company, it will be assumed that the money is forthcoming. Whether or not an insurance claim is made, you are responsible for all charges incurred. Occasionally insurance claims are denied, even when an insurance company has approved a certain number of sessions. The client must pay all fees even if the insurance company denies payment on the claim. Accounts overdue 90 days or more may be sent to a collection agency or to an attorney, with the addition of collection expenses including a \$50.00 fee and an interest rate of 1.5% per month.

If you are having financial difficulty and desire special arrangements, I am happy to discuss this with you; I do maintain a small number of sliding-scale spots, although there may be times I am unable to offer this and may need to refer you to a local non-profit agency. If you are using a low-fee slot and your financial circumstances improve, please let me know so that we can renegotiate your fees and I can offer the low-fee slot to someone else.

My fee for court appearances is \$250/hour. The hourly fee includes time spent travelling to and waiting in the courthouse, actual courtroom time, time spent in preparation for the trial, and time spent in conversation with your attorney either by telephone or face-to-face. An itemized account of the hours spent in each activity can be made available upon your request. The courtroom fee also applies to hearings and depositions that may take place outside of a courtroom.

III. The Right to Refuse Treatment

Being in therapy is your choice. You have the right to choose a practitioner and treatment modality that best suit your needs, and to leave therapy at any time, for any reason.

I see therapy as a collaborative process, and I trust that you will take an active role in your treatment. I am always willing to discuss my approach and to explore alternatives that may serve you more effectively. You are welcome to ask me about my training and expertise, and to request referrals to other clinicians if you decide that I am not the best therapist for you. If you are unhappy with your treatment, it

is my hope that you will talk about it with me so that I can respond to your concerns. I take such criticism seriously, and will listen openly and respectfully.

If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, it is your right to contact the Washington State Department of Health. Their contact information is:

Washington State Department of Health
Examining Board of Psychology
P.O. Box 47868
Olympia, Washington 98504-7868
Phone: 360.236.4910

My Education and Training

05/2012	Master of Arts (M.A.) in Counseling Psychology Adler School of Professional Psychology, Chicago, IL
08/2013-08/2014	Psychology Intern, University of Washington Counseling Center Seattle, WA
08/2014	Doctor of Psychology (Psy.D.) in Clinical Psychology Adler School of Professional Psychology, Chicago, IL
11/2014 – Present	Private practice Seattle, Washington

Psychology Licensure ensures that psychologists have passed written and oral examinations administered by the Examining Board of Psychology of the Washington Department of Health, and are therefore competent to engage in the independent practice of psychology. I also engage in ongoing (continuing) education, in compliance with Washington and federal licensing requirements.

The Washington licensure law provides complaint and discipline recourse procedures for consumers, and may be contacted at:

Washington State Department of Health
Examining Board of Psychology
P.O. Box 47868
Olympia, Washington 98504-7868
Phone: 360.236.4910