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Services Agreement

Notice of Privacy Practices:

This notice describes your rights regarding your health information. Your health information includes notes created by me as a result of our sessions. Federal regulations require me to maintain this privacy policy and provide you a copy of this Notice and Agreement.

Record Keeping Practices:

Standard practice requires me to keep a record of our sessions. This includes a general description of the issue(s) you're bringing to consultation services, a description of our work together, your concerns/symptoms, a description of how the challenges you are facing are impacting your life, your progress, and any homework assignments if given. This record is your protected health care information or "PHI". I may use or disclose your PHI for further professional consultation and health care operation purposes.

Uses and Disclosures for Services and Health Care Operations Treatment:

I may use or disclose your PHI to coordinate or manage your services. An example would be if I consult with another health care provider or therapist.

Health Care Operations: I may disclose your PHI during activities that relate to the performance and operation of my practice. Examples of health care operations are: quality assessment activities, case management, legal, audits and administrative services.

Uses and Disclosures that do not Require your Authorization or an Opportunity to Object:

Required by Law: I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are: public health reports, law enforcement reports, abuse and neglect reports, and reports to coroners and medical examiners in connection with a death. I also must make disclosures to the Secretary

of the U.S. Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Health Oversight: I may disclose your health care information to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations such as third-party payers.

Child Abuse or Neglect: If I have reasonable cause to believe that a child has suffered abuse or neglect, I am required by law to report it to the proper law enforcement agency or the Washington State Department of Social and Health Services.

Vulnerable Adult Abuse or Neglect: If I have reasonable cause to believe abandonment, sexual or physical abuse, financial exploitation, or neglect of a vulnerable adult has occurred; I must report it to the Washington State Department of Social and Health Services.

Notice of Privacy Practices:

Threat to Health or Safety: In the instance when you or someone else is in imminent danger of harm I may disclose your health care information for the purpose of safety.

Criminal Activity: I may disclose your health care information to law enforcement officials if you have committed a crime on my premises or against me.

Compulsory Process: I will disclose your personal health care information if a court of competent jurisdiction issues an appropriate order. I will disclose your health care information if you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, and no protective order has been obtained, and I have satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand.

Uses and Disclosures of Health Care Information with your Written Authorization

I will make other uses and disclosures of your protected health care information only when your appropriate authorization is obtained. An “authorization” is written permission that permits specific disclosures. You may revoke this authorization in writing at any time; unless I have taken an action in reliance on the authorization of the use or disclosure you permitted, such as providing you with consultation services for which I must submit information to another entity.

Your Rights Regarding Your Protected Health Information

You have the right to inspect and copy your PHI, which may be restricted in certain limited circumstances, for as long as I maintain it. I may charge you a reasonable cost-based fee for copies.

You have the right to ask that I amend your record if you feel the PHI is incorrect or incomplete. I am not required to amend it; however, you have the right to file a statement of disagreement with me, to which I am allowed to prepare a rebuttal.

Your request, your statement of disagreement, and my rebuttal will be maintained in your record.

You have the right to request the required accounting of disclosures I make regarding your PHI. This documents any non-routine disclosures made for purposes other than your treatment, as well as disclosures made pertaining to your treatment for purposes of quality of care.

You have the right to request a restriction or limitation on the use of your PHI for treatment, payment, or operations of my practice. I am not required to agree to your request, and I will not honor your request in instances where I believe it would compromise quality care.

You have the right to request confidential communication with me. An example of this might be to send your mail to an alternate address or not call you at home. I will accommodate reasonable requests.

You have the right to have a paper copy of this notice.

If you believe I have violated your privacy rights you have the right to file a complaint in writing with me and/or the U. S. Secretary of Health and Human Services. I will not retaliate against you for filing a complaint.

Therapist's Duties

This notice describes your rights regarding how you may gain access to and control your PHI and how I may use and disclose it. I am required by law to abide by the terms of this Notice of Privacy Practices and reserve the right to change the terms of this notice at any time. Any new Notice of Privacy Practices will be effective for all PHI I maintain, whether or not you are still in treatment with me. You may request a copy of my revised Notice of Privacy Practices at your appointment time, or by leaving a request on my voice mail to receive a copy through the mail.

Contact Information:

I am my own Privacy Officer. If you have any questions about this Notice of Privacy Practices, please contact me at:

Heidi Seligman MA, LMHC 545 Rainier Blvd N., #4, Issaquah, WA 98027
(425) 458-5859; info@heidiseligman.com

Complaints:

If you believe I have violated your privacy rights you may file a complaint in writing to me. I will not retaliate against you for filing a complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services.

Client Acceptance:

Your signature below indicates you have received this Notice of Privacy Practices:

Client Name (signed)

Date

Client Name (printed)

Therapist Signature

Date

Disclosure Statement and Consent for Treatment

Welcome to my practice. I am a private practice clinician who has contracted with the Washington State Bar Association to provide brief counseling services. Services are free to members and you are able to receive up to three consultation sessions. No Protected Health Information will be shared with WSBA. I am looking forward to working with you, and I am committed to giving you the best care possible.

In accordance with the Washington Administrative Code and the revised Code of Washington, I am providing the following Client Disclosure Information, which must be signed by both you and myself. Your signature indicates you have read and understand the information. Please ask me if you have any questions.

Professional Background and Qualifications:

I earned a Bachelors in Psychology from the University of Washington in 1990, and a Master's degree in Counseling from Seattle University in 1996; I have been licensed in Washington State since 2003 (credential #LH 00008615). I have over 25 years of clinical experience including work in the publicly-funded mental health system, as well as community mental health agencies and private non-profits. My previous experience also includes almost five years working for the Washington State Bar Association, in the Lawyer's Assistance Program, providing counseling and other wellness services to WSBA members. I have operated a private practice in Washington State since 2005.

As part of my continuing education as a therapist I regularly attend training seminars and workshops, and I also obtain on-going consultation from other experienced therapists in order to provide you the best possible care.

Client Rights and Confidentiality:

You have the right to choose the therapist and treatment approach that best suits your needs, or to refuse treatment. Please let me know if you have any concerns or are dissatisfied, and we can discuss alternative ways to support you in reaching your goals. My goal is to serve you in the best way possible and I am committed to the highest standards of professional and ethical treatment. If my services do not meet your needs, please let me know and I will do my best to assist you in finding another provider.

All information discussed during our consultations will be held in strict confidence. No identifying information will be released without your written consent. However, according to Washington State law (RCW 18.225.105), the following situations are exceptions to your right of confidentiality:

- 1) If I believe you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.

- 2) If I believe you may be physically or sexually abusing or neglecting a minor child (under 18 years of age) or vulnerable adult (one who is dependent upon another adult for physical and/or emotional caretaking), or if you report information to me about the possible abuse or neglect of a minor child or vulnerable adult, I am required by law to report this to Child Protective Services or Adult Protective Services.
- 3) If you submit claims to your insurance company, they may require information from me about your treatment.
- 4) If a court of law issues a legitimate court order, I am required to provide the information specifically described in that order.
- 5) If you commit a crime on my premises or against me or if I need to defend claims against me, I am allowed by law to disclose your healthcare information.

Finally, while some clients choose to email or text me to schedule appointments and occasionally share information pertinent to their services, please be aware that all electronic communications come with the risk of potential loss of confidentiality.

*Please initial to indicate your understanding of the limits of confidentiality:

Limitation on Services Provided:

I will not provide written evaluations, reports, letters, or testify in court proceedings about your mental health status, unless required to do so by law. I will not serve as an expert witness on your behalf, nor will I intervene in any WSBA personnel matters. If you are currently involved in or anticipate being involved in any proceeding in which testimony about your mental health status and functioning may be involved, please let me know. I will do my best to provide you with appropriate professional referrals.

Fees and Billing Practices:

Services provided are free of charge.

Emergencies:

If you have an emergency, call the Seattle Crisis Clinic at (206) 461-3222, call 9-1-1, or go to the nearest hospital emergency room. When I am out of town and unavailable, I will arrange for a colleague to cover any emergencies.

Client Records:

By law I am required to keep records of our sessions for five (5) years unless you request in writing that no records be kept beyond basic identification. It is my general practice to keep record of the services I provide. You may ask to see and copy that record and you may ask me to correct that record. I will not disclose your record to others unless you direct me to do so in writing or unless the law authorizes or compels me to do so. You may request to see your record or get more information about it by

writing to me at 545 Rainier Blvd North, #4, Issaquah, Washington, 98027. There will be a fee for copying of the clinical file.

Complaints:

I honor all regulations in RCW 18.225. The purpose of the law is: (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

The Washington State Licensing Department asks that you be informed of the following: “Counselors practicing counseling for a fee must be credentialed with the Department of Health for the protection of the public health and safety. Credentialing of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.”

If, at any time, you have concerns about your experience, please discuss them with me. If you feel I have been unethical or unprofessional, you can contact the Washington State Department of Health, Health Systems Quality Assurance Division, P.O. Box 47857, Olympia, WA 98504-7857. You may also call them directly at (360) 236-2620 or access on-line forms and information at www.doh.wa.gov\hsqa.

Client Acceptance:

I have read this document, understand the contents, accept the terms, and have received a copy of this agreement if requested. I consent to services with Heidi Seligman, MA, LMHC, under the terms described above.

Client Signature

Date

Therapist Signature

Date