

DENISE R. MCGUINNESS, PH.D.

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(360) 903-6105

INFORMED CONSENT STATEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us. Living Tree Ministries is located in an office on the second floor of Wenatchee First United Methodist Church but is an independent ministry.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MY BACKGROUND

I earned my BA in Psychology from Miami University in 1974. I earned both my MS and Ph.D. in clinical psychology from the University of Georgia. I completed my internship at the Portland Veterans Administration Hospital. I have been in private practice since 1981.

My therapeutic approach involves exploring underlying causes of current problems and symptoms. I also recommend alternative ways of handling the situation. My training is broad based and includes behavioral, cognitive-behavioral, systemic, and psychodynamic theories and techniques.

I have taken a two-year course at Shalom Prayer Center in the practice of spiritual direction, obtaining certification in April 2002. I received my Masters of Divinity at Methodist Theological School in Ohio in May 2004. I am an ordained minister of the United Methodist Church.

I am licensed both in Oregon and Washington State. Psychologists are licensed for the protection of their clients. Licensing ensures that the psychologist has a doctoral degree from an accredited university and has passed a national written examination and an oral examination. It also guarantees complaint/discipline recourse. If you need more information, you may contact the Department of Licensing at:

Department of Health
Examining Board of Psychology
1300 Quince Street SE
Olympia, WA 98504-7869
Inquiries: (360) 236-4910

PROFESSIONAL FEES

My fees are as follows:

Psychiatric diagnostic evaluation (60min).....\$160
Psychotherapy (30min).....\$75
Psychotherapy (45min).....\$100
Psychotherapy (60 min).....\$120
Family Therapy (50 min).....\$150
Return Check Fee.....\$35

In addition to weekly appointments, I charge \$100/hour for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$180 per hour for preparation and attendance at any legal proceeding.

APPOINTMENTS AND CANCELLATIONS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent.

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control. **One half of the fee will be charged for an appointment cancelled with less than 24 hours notice. Full fee will be charged for an appointment broken without notice.** Only under special extenuating circumstances will payment be waived for late cancellations or missed appointments.

Messages of cancellation may be left by voice mail or text 24 hours a day, 7 days a week. **(360) 903-6105.**

If it is possible, I will try to find another time to reschedule the appointment.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

CONTACTING ME

I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM on Tuesdays and Thursdays, I probably will not answer the phone when I am with a patient. Email is always an option to contact me. My email is livingtreecs@gmail.com. Please be aware that email is not a secure method for exchanging confidential material.

When I am unavailable, my telephone is answered by voice mail that I monitor frequently. Whenever possible I try to return phone calls the same day, with the exception of weekends and holidays. If I do not return your call within twenty-four hours, please try again as your message may have been lost. I do not check messages after 6 p.m. If you are difficult to reach, please inform me of some times when you will be available.

If you need to reach me for a problem of urgent or emergency nature, please text me at my cell number, (360) 903-6105. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.

You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by asking me.

CONFIDENTIALITY

I abide by the laws and ethical principles that govern privilege and confidentiality. I will not disclose to anyone anything you tell me, nor even the fact that I have seen you,

without your written permission by way of a signed release of information form. Individuals over the age of 13 must provide their own consent.

Washington law requires the following exceptions to confidentiality:

1. It is legally required of me that I act so as to prevent physical harm to yourself or others when there is "clear & imminent" danger of that happening.
2. I am legally required to report cases of ongoing child, elder and disabled abuse.
3. I may have to release clinical information regarding you to insurance carriers as required for payment or review of your claim.
4. I may have to release your records when ordered to do so by court subpoena. However, I will make every effort to discuss this with you beforehand and request a written release from you.
5. On occasion, clinicians consult with colleagues about their work. If your case were ever discussed it would be confidential and without your name or identifying information.

As a result of new state regulations adopted by the Washington State Department of Health, I am required to report myself or another health care provider in the event of a final determination of unprofessional conduct, a determination of risk to patient safety due to a mental or physical condition, or if I have actual knowledge of unprofessional conduct by another licensed provider. If you have any questions or concerns about this requirement, please talk with me about them.

CONSENT FOR TREATMENT

I further authorize and request that my treating provider, Denise McGuiness, Ph.D. carry out behavioral health examinations, treatments, and/or diagnostic procedures which are advisable now or during the course of my care. I understand that the purpose of these procedures will be explained to me.

I understand that I am responsible for any unpaid balance and if the provider of service considers it absolutely necessary, I can be turned over to an agency for collection of my account.

I authorize the release of my clinical record information to my insurance company for the purpose of healthcare credentialing and quality assurance review.

I understand and agree to all of the above information. I have been given a copy for my files.

signature (required age 13 & up) _____ date Patient

Print name

Revised 07/21/2016