



A Positive Change

Your life does not get better by chance ~ it gets better by change

Amanda Boley, MA, MS, MHCL, CDMS, VRC, ABVE
5262 Olympic Drive Suite C
Gig Harbor WA 98335
(253) 225-2275
APCAmandaBoley@gmail.com
www.aboleytherapy.com

Name:	
Address:	
Date of Birth (DOB):	
Employer:	
Insurance:	
Policy Number:	
Group Number:	
Policy Holder Name:	
Policy Holder Employ:	
Policy Holder DOB:	
Policy effective date:	

(please print or text the front and back of your ins. Card)

Please tell me what brings you to therapy:

Have you been to therapy before and when? What was your experience:

Who are the members of your immediate family and relationship(s) with each?



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Consent Form:

Your signature below indicates that you have read the Psychotherapist- A Positive Change (Dr. Amanda Boley MA, MS, CDMS, VRC, ABVR, LMHC) Patient Services Agreement and agree to its terms, and serves as an acknowledgement that you have read the HIPPA notice form described in the agreement.

Patient's Printed Name _____

Patient's Signature/Date _____

Parent's Signature/Date, if patient is under 13 years old _____

Welcome to A Positive Change (APC) a private practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) used for treatment, payment, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures at any time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on us unless we have acted in reliance on it; if there are obligations imposed on us by your health insurer to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

Provider: A Positive Change, Amanda Boley, MA, MS, CDMS, VRC, LMHC, ABVE
Tax ID: 46-1858567, Washington State DOH Lic #: LH60429375, Forensic Expert Witness ABVE #9678,
Vocational Rehabilitation Counselor #9678, UBI#: 603083820,
NPI: 1144616848



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PSYCHOLOGICAL SERVICES - Psychotherapy is not easily described in general statements. It varies depending on the personalities of me the psychotherapist and you the patient, and the problems you are experiencing. There are many different methods I 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. 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 temporary uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. 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. A Positive Change (APC) a private practice first few sessions will involve an evaluation of your needs. By the end of the evaluation, I - your psychologist 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 A Positive Change (APC) a private practice. 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 APC procedures, I am happy to discuss them whenever they arise. If your doubts persist, APC will be happy to help you set up a meeting with another mental health professional for a -second opinion.

MEETINGS – APC Dr. Amanda Boley shall 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 to meet your treatment goals. If psychotherapy has begun I shall schedule one 45-minute session per week and 30 minutes for minors (under 18 YOA) 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 one week's notice of cancellation. If two weeks are cancelled or not attended by you or myself the therapeutic relationship shall end and is terminated. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

PROFESSIONAL FEES – My session fee is \$155.00. In addition to weekly appointments, I charge this amount 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,

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telephone conversations lasting longer than 10 minutes, electronic communication, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of your psychologist. If you become involved in legal proceedings that require MY participation, you will be expected to pay for all professional time, including preparation and transportation costs, even if your psychologist is called to testify by another party. Because of the difficulty of legal involvement, I A Positive Change (APC) a private practice charge \$310.00 per hour for preparation, travel and attendance at any legal proceeding.

CONTACTING YOUR PSYCHOLOGIST - Due to my varied work schedules and the improbability of me answering the phone when with a patient, your psychologist is often not immediately available by telephone. When doctors are unavailable, the telephone is answered by voice mail that is monitored frequently. I preference a text to (253) 225-2275. If you are difficult to reach, please inform me of sometimes when you will be available. If you are unable to reach your psychologist and feel that you can't wait for the return call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If you are experiencing a life-threatening emergency, call 911. A Positive Change (APC) a private practice will respond via text within 48 hours.

LIMITS ON CONFIDENTIALITY - The law protects the privacy of all communications between a patient and a psychologist. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- We may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of the patient. The other professionals are also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together. We will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).

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- We also have a privacy contract with our accountants. As required by HIPAA, we have a formal business associate contract with them, in which they promise to maintain the confidentiality of data except as specifically allowed in the contract or otherwise required by law. If you wish, we can provide you with a blank copy of this contract.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient seriously threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection. Washington law provides that a professional may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others, or there is a probability of immediate mental or emotional injury to the patient.

There are some situations where we are permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. We cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
- If a patient file a complaint or lawsuit against us, we may disclose relevant information regarding that patient to defend ourselves.
- If a patient files a worker's compensation claim, we must, upon appropriate request, provide records relating to treatment or hospitalization for which compensation is being sought.

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There are some situations in which we are legally obligated to take actions, which we believe are necessary to attempt to protect others from harm, and we may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If we have cause to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that a child is a victim of a sexual offense, or that an elderly or disabled person is in a state of abuse, neglect or exploitation, the law requires that your doctor makes a report to the appropriate governmental agency, usually the Department of Protective and Regulatory Services. Once such report is filed, we may be required to provide additional information.
- If we determine that there is a probability that the patient will inflict imminent physical injury on another, or that the patient will inflict imminent physical, mental or emotional harm upon him/herself, or others, we may be required to take protective action by disclosing information to medical or law enforcement personnel or by securing hospitalization of the patient.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action, and we will limit my disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and we are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS - You should be aware that, pursuant to HIPAA, we keep Protected Health Information about you in two sets of professional records. One set constitutes your Clinical Record. It includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Except in unusual circumstances that involve danger to yourself and others, you may examine and/or receive a copy of your Clinical Record if you request it in writing. You should be aware that pursuant to Texas law, psychological test data are not part of a patient's record. Because these are professional records, they can be

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misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most circumstances, we can charge a copying fee of \$5 per page (and for certain other expenses). The exceptions to this policy are contained in the attached Notice Form. If we refuse your request for access to your Clinical Record, you have a right of review, which we will discuss with you upon your request. In addition, we also keep a set of Psychotherapy Notes. These Notes are for your doctor's own use and are designed to assist in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they can include the contents of our conversations, your doctor's analysis of those conversations, and how they impact on your therapy. They also contain particularly sensitive information that you may reveal to your psychologist that is not required to be included in your Clinical Record. These Psychotherapy Notes are kept separate from your Clinical Record. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes without your signed, written Authorization. Insurance companies cannot require your Authorization as a condition of coverage nor penalize you in any way for your refusal. You may examine and/or receive a copy of your Psychotherapy Notes unless your doctor determines that release would be harmful to your physical, mental or emotional health.

PATIENT RIGHTS HIPAA - provides you with several new or expanded rights about your Clinical Record and disclosures of protected health information. These rights include requesting that your doctor amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about our policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures.

MINORS AND PARENTS - Patients under 13 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. However, if the treatment is for suicide prevention, chemical addiction or dependency, or sexual, physical or emotional abuse, the law provides that parents may not access their child's records. For children 13 or older, because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is our policy to request an agreement from the patient and his/her parents that the parents' consent to give up their access to their child's records. If they

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agree, during treatment, the psychologist will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. We will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless the doctor feels that the child is in danger or is a danger to someone else, in which case, the psychologist will notify the parents of the concern. Before giving parents any information, the doctor will discuss the matter with the child, and we will do our best to handle any objections he/she may have.

BILLING AND PAYMENTS - You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. *\$50 is due at the time of service irrespective of insurance coverage.* Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT - For us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. \$155.00 per session less the \$50.00 fee at the time of service. (\$105.00) It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf. Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These

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plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow your doctor to provide services to you once your benefits end. If this is the case, we will do our best to find another provider who will help you continue your psychotherapy. Or we can make manageable payment or sliding scale for your needs and financial abilities. You should also be aware that your contract with your health insurance company requires that we provide it with information relevant to the services provided to you. We are required to provide a clinical diagnosis. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it. By signing this Agreement, you agree that we can provide requested information to your carrier. Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above.

WELCOME TO A POSITIVE CHANGE. WE LOOK FORWARD TO WORKING WITH YOU!

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AUTHORIZATION TO OBTAIN OR RELEASE INFORMATION

None of the information or records obtained under this authorization may be re-released to another party.

Client Name _____ Date of Birth _____

I, _____, hereby authorize _____
and/or his or her administrative and clinical staff to obtain or disclose (indicate) the following
information:

- ___ Confirmation of participation in therapy ___ Treatment progress ___ Psychological testing results
- ___ Treatment summary ___ Summary of evaluation findings ___ Psychotherapy notes
- ___ Academic Records ___ On-going consultation ___ Behavior Rating Scales
- ___ Other _____

Indicate if information is to be restricted from disclosure if you have paid for your care out-of-pocket:
Yes ___ No ___ This information is to be released for purpose of:
psychological evaluation _____, treatment planning _____, to coordinate services _____,
other _____

This authorization shall remain in effect until (give date or event): (until revoked) _____,
(6 months) _____, (1 year) _____,
other _____

This information should only be released to or obtained from:

Name _____ Phone _____
Address _____

Signature of Patient Date

Signature of Parent, Legal Guardian Date Witness

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have acted in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I understand that my psychologist



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generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for creating health information for a third party.

I understand that information used or disclosed pursuant to the authorization may be subject to disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

Name and signature of Patient

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