

Office Policy Statement

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Thank you for contacting my office about the possibility of securing psychological services. This information is about the practice of psychology in Washington State, my background, and my office and digital policies. You will also receive an explanation of my privacy practices. This information is in compliance with federal and state laws and Ethical Standards for Psychologists.

QUALIFICATIONS, METHODS AND STANDARDS OF PRACTICE

A licensed psychologist has a doctoral degree from an accredited university and has completed supervised pre- and post-doctoral experience. S/he has passed a national written examination and an oral examination given by the Washington State Examining Board of Psychology. Once licensed by Washington State, a psychologist must continue learning through mandated continuing education.

I have a PhD in Counseling Psychology from the University of Washington and am licensed as a psychologist by the State of Washington (License #828). I have had an independent practice in psychology since 1982.

As a member of the American Psychological Association and the Washington State Psychological Association, my practice is governed by a code of ethical responsibility. This means I must provide capable and trustworthy service and that I work within the limits of my competencies. Because this is a unique professional relationship and because ethical guidelines for psychologists prohibit dual relationships, I do not participate in social or business relationships with clients.

TREATMENT

I have a specialty in working with couples: spouses, companions, business partners and parent/adult child dyads. My dominant modality in couples work is Emotionally Focused Therapy (Emotionally Focused Therapy). I am EFT therapist and am training to be an EFT Supervisor. EFT is a nonjudgmental, evidence-based and experiential method to help people feel safer and closer to one another. It is evidence-based and the most researched couples therapy model to date.

I see adult clients, **aged 21-64**. I have opted-out of Medicare. If you are over or approaching 65, you will need to sign consent to not bill Medicare. I am in a broadly-defined pre-retirement stage of my career though I anticipate working several more years. I work 2 1/2 days/wk: Monday, Tuesday and Wednesday mornings. I take several weeks of vacation annually. Because of my limited availability and vacation schedule, I may not be able to consistently offer on-going support between sessions. If you think this may be an issue, please let me know and we will discuss together how to proceed. You can find more information about EFT [here](#).

When working with couples, I meet first with the couple, then individually with each partner and then usually proceed with both partners.

OFFICE POLICIES

APPOINTMENTS AND FEES

FEES PAID AT TIME OF SERVICE:

Up to 60 minute session.....\$190

Up to 80 minute session.....\$270

Up to 90 minute session.....\$310

FEES PAID BY CREDIT CARD OR DELAYED CHECK:

Up to 60 minute session.....\$195

Up to 80 minute session.....\$280

Up to 90 minute session.....\$330

I pro-rate charges for testing, report preparation, extended sessions, phone calls and travel. Sessions will begin and end at the scheduled time. I believe sessions longer than an hour give each party a chance to feel heard without time pressure. I think it is ultimately more efficient and effective.

- ▶ **Cancellations:** Because I work the first half of the week, if I have your cancellation by Friday afternoon, I can accommodate others waiting for an available time. If that is not possible, 48 hours notice is required (see above).
- ▶ **Unless we have agreed otherwise, 48 hours notice is required to cancel appointments.** If you do not give me 48 hours notice, you will be billed for your appointment. I make exceptions for unanticipated physical illness (yours or family member's) and emergencies, e.g. earthquakes. **Do not rely on e-mail to cancel appointments within the time limits—please use the phone instead.**
- ▶ **Individuals or couples who commit to the same time every week have first priority in my scheduling process.** If you choose to meet less frequently, you may not be able to keep the same time. However, I am often able and willing to schedule a month at a time.
- ▶ Work is not a sufficient reason for late cancellation or missed sessions. You are welcome to check with me to see if I have any other availability that same week but if not you will be billed.
- ▶ *Couples sessions will begin when both people have arrived. If one person chooses not to attend a session, I will not meet with the other unless we have discussed this beforehand.* This is about trust and commitment.

- ▶ *When working with couples, I do not typically switch to working with only one of the individuals, nor do I work with individuals and then switch to the couple. We can discuss this if it is an issue for you.*
- ▶ *If you are late, the appointment will not be extended.*
- ▶ *My preference is to receive payment at each session.*
- ▶ *Missed or late-cancelled sessions are not bill-able to insurance, so you will be responsible for the full fee.*
- ▶ *If you personally owe a balance on your account and have not made a payment within 30 days of receiving a statement, you will be charged interest @ 10%/mo unless we have an agreement otherwise.*
- ▶ *If you miss your appointment without contacting me, I will not call you during or after our scheduled meeting time. If you have a regular time, I will hold that slot for 48 hours, and then release it to someone else if I have not heard from you.*

INSURANCE

I am not a preferred provider with any insurance companies. I have opted out of Medicare. If you are covered by Medicare, please complete the Medicare contract on my website. If you have health insurance, I will supply you with a written statement with my identifying information and your procedure and diagnostic codes for you to submit. Ideally you will have paid at the time of service and can ask your insurance company to make the check payable to yourself. Please let me know if you prefer to receive this statement at each session or once a month.

Regardless of what happens with your insurance company, you are solely responsible for your bill.

I will send you a monthly statement with a diagnostic and procedure code. You should be aware that insurance companies do not reimburse for missed appointments. Many insurance plans do not cover marital or family therapy, or say they do and then restrict the coverage to certain diagnostic or procedural codes inconsistent with my practice. Insurance companies have been known to rescind coverage, seeking reimbursement for some or all of the payments they have made. Again, you are solely responsible for your bill.

PHONE CONTACT AND EMERGENCIES

My office telephone is also my cell phone: (206) 443-9810. There is confidential voice mail on this line. This is generally the fastest (and only) way to reach me by phone. I do not routinely check for messages after 6:00 p.m. or on weekends and may not receive your call till the next morning. If you have an emergency situation, call 911 or proceed to the nearest emergency room. You may also call the Crisis Clinic at (206) 447-3222. When I will be leaving town for more than one day I will usually have another therapist covering for me to provide emergency support. Coverage information is available on my voice mail.

CONFIDENTIALITY

Information that you are coming to see me and what we discuss will be held confidentially with the following exceptions:

1. If you give written consent to have the information released to another party, I will do so, though I prefer to confirm your consent verbally.

2. If you are unable to care for yourself and/or threaten dangerous action or bodily harm to yourself or another person, it is my responsibility to warn the person (or his or her family) against whom the harm is directed, the family of the individual threatening self harm, and/or appropriate authorities. If I regard you as a danger to yourself, I may contact your Emergency Contact so that someone close to you is aware of your situation.
3. If I become aware of current physical or sexual abuse of a child, elderly adult or physically or mentally disabled person, I must notify the appropriate agency.
4. If I am served with a court order that requires me to release my records and other legal recourses are exhausted, I will comply.
5. If no payment is received for services after 90 days (without prior agreement), the account name and amount will be turned over to a collection agency.
6. If you plan to seek reimbursement from your insurance company, your carrier will require a statement of the type of services provided and a diagnosis. In addition, some carriers require more detailed information such as progress reports or treatment summaries.

MANAGED CARE

I do not participate in managed care or preferred provider agreements, nor will I complete treatment reports requesting more sessions, treatment status, etc. I believe these are intrusions into the confidential nature of psychotherapy. Again, please discuss with me if this is an issue for you.

RELEASE OF RECORDS

To carry out my responsibilities as a health care provider, I keep notes of our sessions and other relevant information in your chart. Under the Uniform Health Care Information Act, you may ask to see and copy those notes. You may also ask me to correct those notes. I will need 72 hours' notice before I can make any records available to you.

CONSULTATION

For professional growth, monitoring and support, I participate in a small consultation group with three other psychologists. In connection with this group, I may discuss your situation, but will do so without disclosing your last name or other identifying information. I also get supervision from an EFT therapist in Arizona. Again, this is done without names or identifying information. Please let me know if this presents a problem for you.

DIGITAL COMMUNICATION AND MEDIA

Please use email for administrative purposes only, specifically appointments and notifications that you will be late. Despite the plethora of disclosure statements at the end of professional emails, unencrypted email is not reliably secure.

If you are upset or excited about something that happened in session or in your relationship and would like to talk with me about it, please call and I'll do my best to return your call in a timely manner. Alternately, you may leave a voice mail message. **If you are meeting with me as a couple, any communication outside of session via phone or written communication must be with both partners unless we have discussed exceptions beforehand. I will not read an email if the other partner is not copied.** If you feel there is information about your partner that I should know, please bring this up in session or ask that we have individual sessions. Historically, I have had significant flexibility emailing with clients and have generally felt it to be productive and an important avenue of support. However, spouses, children and others are increasingly effective at hacking into family, individual and corporate accounts. As the APA and other organizations point out, nothing belongs in email that you would not want to see on the front page of the New York Times.

I do not use Facebook, LinkedIn, or other social media programs with past or present clients.

I have occasionally worked with individuals or couples when they are traveling locally or internationally. In the context of an ongoing psychotherapeutic relationship, electronic sessions in support of the relationship is generally acceptable. In most cases I use Zoom, which is HIPAA compliant.

SECRETS

In the course of couples treatment, I may meet with one of you individually. I will not hold information we discuss in individual sessions (or in email or on the phone) as privileged from the other person. I am here to support you in disclosing difficult information to your partner...as well as to support your partner. If you alert me ahead of session, we can plan on meeting for additional time.

LITIGATION LIMITATION

By agreeing to the terms of this Office Policy Statement, you agree that should there be legal proceedings such as, but not limited to divorce and custody disputes, lawsuits, etc., neither you nor your attorneys nor anyone else on your behalf will call me to testify in court or at any other proceeding or request your records.

CLIENT RIGHTS AND RESPONSIBILITIES, TERMINATION

You have the right and responsibility to choose the therapist and methods of therapy which best suit your needs. I hope you will feel free to ask questions and seek clarification any time you are unsure about what is happening or why. If you believe that the therapeutic relationship is not helping you, please discuss this with me so that we can attempt to change the way we work together. If you continue to think that we are not working productively, I will help you find another therapist if you wish. If you have a complaint and feel I have been unresponsive, you may contact the Department of Health, Board of Psychology, 1300 SE Quince St, PO Box 47868, Olympia, WA 98504-7868; (206)753-2147.

You have the right to refuse or terminate treatment at any time, although I prefer 24 hours' notice before a final session to provide time to review my documentation of our relationship.

Please feel free to ask me any questions about my policies, qualifications or methods in order to help you exercise your right and responsibility to choose a therapist and method of therapy which best suit your needs.

This Policy Statement is for your records. A consent form to these terms is incorporated into the Intake document you will receive separately.

Thank you.

-9/2019