

Brian Neville, Ph.D.

Service Agreement

Welcome to my practice. I am pleased to have the opportunity to work with you. This document contains important information about my professional services and business policies. Please read it carefully. I will be happy to answer any questions you have about it.

Psychological Services

As a Clinical Psychologist I provide individual and family psychotherapy to children, adolescents, adults, and families, as well as psychological assessment services. I have been trained to work in a variety of formats (individual, group, and family) and in a variety of settings (psychological clinics, psychiatric hospitals, pediatric clinics and hospitals, and community). I also use a variety of approaches to working with clients, including developmental, cognitive-behavioral, family systems, and biofeedback. Each person's situation is unique, however, and must be approached as such.

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the client, as well as the particular problems the client brings. There are a number of different approaches which can be used to address the problems people bring to therapy. Typically, outcomes are most successful when problems are worked on at home as well as in therapy sessions. With children, parents often need to change their own behavior to help their children change.

Psychotherapy has both benefits and risks. Therapy can often involve talking about unpleasant aspects of a person's history or behavior, and may result in experiencing uncomfortable emotions, such as sadness, anger and anxiety. The benefits of psychotherapy include reductions in feelings of distress, improved self-understanding and problem-solving, and better relationships with others. Unfortunately, these cannot be guaranteed.

My normal practice is to conduct an initial evaluation, after which I will be able to offer you some impressions of what treatment would include and a proposed treatment plan. You should evaluate this information along with your own opinion about whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so it is wise to be careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If major doubts persist, I will be happy to help you find another therapist.

Education, Training and Licencing

I received a doctorate in Clinical Psychology from the University of Illinois at Urbana-Champaign and did my pre-doctoral internship at Michigan State University. After working for a short time as a pediatric psychologist at the Texas Scottish Rite Hospital for Children, in Dallas, Texas, I came to Seattle to do a post-doctoral fellowship in the Department of Psychiatry and Behavioral Sciences at the University of Washington.

Psychology licensure provides that psychologists have passed written and oral examinations administered by the Examining Board of Psychology for Washington State, and are therefore competent to engage in the independent practice of clinical psychology. The Washington licensure law provides complaint and discipline recourse procedures for clients.

Inquiries about a psychologist's professional qualifications and/or treatment practices may be directed to the Examining Board of Psychology, Division of Professional Licencing, P.O. Box 9649, Olympia, WA 98504. I have been licensed as a Clinical Psychologist in Washington since 1994. My license number is 1809.

Clients' Rights

Clients 13 years of age and older have a right to refuse treatment. Clients have the right to change therapists or receive referrals to another therapist. Clients have a right to ask questions concerning the findings of their evaluation and treatment, and the right to raise questions about the therapist, the treatment approach, and the progress made at any time.

Confidentiality

In general, the confidentiality of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with written permission. There are, however, several exceptions.

Minors. If you are under 18 years of age, please be aware that the law provides your parents with the right to examine your treatment records. In situations in which divorce is an issue, it is my policy to request an agreement from parents that they agree not to request records for legal purposes. If they agree, I will provide them with only general information on how your treatment is proceeding, unless I feel that there is high risk that you will seriously harm yourself or another, in which case I will notify them of my concern. Before giving information I will discuss the matter with you and will do the best that I can to resolve any objections that you might have about the information I am about to discuss.

Harm to Self and Others. I am legally required to take action to prevent others from harm, even though that requires revealing some information about a client's treatment. If I suspect that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate State agency. If I believe that a client is threatening serious bodily harm to another, I am required by law to take protective action, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a patient threatens to harm him/herself, I may be required to seek hospitalization for the patient or to contact family members or others who can provide protection. These situations rarely arise in my practice. Should such a situation occur, I will make every effort to fully discuss it with you before taking action.

Professional Consultation. I find it helpful to consult about cases with other professionals. In these consultations, I make every effort to avoid revealing the identity of the client. The consultant is legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together. Psychiatric consultations or other medical consultations may be requested as a part of treatment. In this situation, the client will be asked to undergo formal consultation. You are encouraged to inform your physician about receiving psychological services from me.

Divorced or Separated Parents

Parents who are going through a separation or divorce often seek therapy for their children, both to help the child who is exhibiting stress or sadness and to attempt to minimize trauma for the child whose parents are separating. It is my policy that, with rare exceptions, both parents of a child must consent in writing to treatment of the child and payment for any

such treatment before the child is seen. Please be aware that I do not perform custody evaluations, and function as the child's therapist only. As such, it is inappropriate for me to make custody recommendations. In addition, it is essential for children to have their privacy protected in therapy as much as adults, and for their therapy not to become entangled in the adults' legal issues. Therefore, you will be asked to sign an agreement to protect your child's confidentiality in court matters. If you do not feel comfortable with this policy, I will be happy to refer you to another therapist.

Office Procedures

Appointments

Appointment begins at the agreed upon time and are generally 50 minutes in length. Once an appointment has been scheduled, you will be expected to pay for it unless you provide 48 hours notice of cancellation. I cannot bill insurance companies for missed appointments.

Contacting Me

Confidential phone messages can be left 24 hours a day at 206-214-7482 or 425-481-5700 (voice mailbox is 10#). I check my messages regularly and will make every effort to return your call promptly. If you have an emergency and feel you cannot wait for my return call, please call the Crisis Line at 206-461-3222 or go to the nearest Emergency Room and request to talk to the psychologist or psychiatrist on call. If I am gone for an extended period of time, I will make arrangements for a colleague to be available for contact if necessary.

Professional Fees

The charge for the first appointment is \$200. This includes time spent in scoring any evaluation measures, review of previous records, and phone contacts with individuals such as teachers. My hourly fee is \$150 per hour. In addition to scheduled appointments, it is my practice to charge this amount on a pro-rated basis for other professional services that you may require such as telephone conversations which last longer than 15 minutes, attendance at meetings or school conferences which you have authorized, and preparation of records or treatment summaries. In unusual circumstances, you may become involved in court actions such as litigation which may require my participation. You will be expected to pay for the professional time required even if I am compelled to testify by another party. Due to the complexity involved and difficulty of legal involvement, I charge \$250 per hour for preparation and for attendance at any legal proceeding.

Billing and Payment

You will be expected to pay for each session at the time it is held. In the case of minor children, the parent who brings the child for treatment is responsible for payment. If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. In most cases the only information which I release about a client's treatment would be the client's name, the nature of the services provided, and the amount due. You are responsible for knowing the coverage or your insurance policy. If companies require records in order to reimburse, I will release records to you and you may decide if you wish to send them.

I have read the above Service Agreement and agree to the terms described. I give permission for evaluation and treatment for myself.

Name

Date

I have read the above Service Agreement and agree to the terms described. I give permission for evaluation and treatment for my minor child and state that I am the parent or legal guardian for the child.

Name

Date

Relation to patient

Name

Date

Relation to patient