

■ Therapeutic Approach

The approaches I use in treatment vary. I primarily draw on cognitive-behavioral, interpersonal, and psychodynamic theories.

Typical Course of Treatment:

1. Assessment, which may include one or all of the following (depending on the presenting concerns): interviews, observation, review of records, behavior rating scales, and/or psychological testing.
2. Development/discussion of a treatment plan, including goals, procedures, and estimated length of treatment.
3. Implementation of the treatment plan.
4. Ongoing assessment/discussion of progress and revision of the treatment plan as appropriate.
5. Gradual termination when satisfactory progress has been made or treatment goals are achieved. Periodic follow-up to maintain gains and prevent relapse if needed and desired.

■ Biography

Prior to opening Olympia Psychology Services, I practiced for three and a half years at Woodcreek Healthcare in Puyallup, Washington. My previous work experiences include practicing at Mary Bridge Hospital's Pediatric Psychology Services Unit, the University of Washington's Center on Human Development and Disability, and at several other mental health agencies.

I earned my Ph.D. in clinical psychology from Seattle Pacific University, and am licensed by the State of Washington as a clinical psychologist (#2596). My doctoral dissertation study involved the creation of an alternate form of a well-known neuropsychological assessment tool, for use with deaf and hard of hearing children. I have also been a presenter at the National Academy of Neuropsychology's national conference. I earned my Master's degree in counseling from St. Martin's University, and a Bachelor's in child development and deaf studies from Antioch University.

I currently live in Thurston County with my husband and two children.



Statement of Office Policies

This statement explains my fees, services, policies, therapeutic approach, and your rights as a client. It also outlines my education, training and experience. If you have any questions about fees or policies, please feel free to ask. After you have read this statement, you will be asked to sign that you have received it and you will be provided a copy for your records.



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■ Appointment Times

While a full hour of time is reserved for client therapy appointments, the appointment itself lasts 50 minutes; this leaves me a few minutes to make notes and process any other paperwork relevant to the particular client.

Assessment/evaluation appointments vary in length, depending on the nature of the assessment or evaluation.

■ Fees and Charges

As a psychologist in private practice, I must operate a small business. If the business part of what I do is not working well, then the therapy will not work well either. I want you to know clearly the fee and payment part of my business.

My fee is \$200.00 for the initial appointment; \$140.00 per 50 minute therapy session; and \$160.00 per hour for assessment/evaluation services. In most cases, payment of the full fee or an insurance copay is required at the beginning of our session.

My fees for related services on your behalf are: \$140.00 per hour for reports to medical doctors and insurance companies; general correspondence; phone conferences; agency, school, home, and hospital involvement; and travel time. My fee for court related work – preparation, reports, testimony, and travel – is \$300.00 per hour.

You are responsible for all fees incurred and will be billed for all charges not previously paid by you or your insurance company.

Unpaid bills may be charged a late fee of 10% of the unpaid balance each month. Bills for which no payment has been made for 60 days may be turned over to collections. Demographic information about you may be released to appropriate persons for collection of overdue accounts.

There will be a \$25.00 service charge for checks returned unpaid from your bank.

■ Missed Appointments

The time you reserve for an appointment is exclusively yours. Please notify me at least 48 hours in advance if you are unable to keep your appointment. Failure to provide this notice of cancellation, or failure to arrive for a scheduled appointment, will result in a charge for the full session fee. Insurance will not pay for a missed appointment.

■ Emergencies

If I will be out of town for a significant length of time, another therapist will be available for interim treatment and/or emergency sessions; I will discuss this possibility with you before any prolonged absence I might have. On some occasions, I may leave contact information on my voicemail for another therapist who will be available in my absence. You are always encouraged to contact 911 or the Thurston County Crisis Clinic (586-2800) if you are in immediate crisis.

■ Confidentiality

Everything we talk about in our sessions, even your name and the fact that you are seeing me, is unavailable to anyone without your consent, except for the circumstances of collections, situations which alter normal expectations of confidentiality, insurance audits, subpoenas for records, and the following specific exceptions:

If you are sent by an agency for evaluation and/or treatment with a release of information (a release is automatic with Labor & Industries claims), then the agency is the client and I will be sending them a summary of the information I obtain from you.

If I am informed that you are (1) physically abusing a child or senior citizen, (2) planning to harm someone, (3) going to commit a felony, or (4) a danger to yourself, to others, or are unable to meet your basic needs for survival, then I am required by law to let appropriate authorities know that one of these issues has come to my attention. Your confidence is necessary if therapeutic trust is to occur. I am very mindful of all aspects of confidentiality and am willing to discuss questions of confidentiality at any time.

■ Working Together

You have the right to refuse therapy or request referral to another therapist at any time. You have the right to raise questions about the therapeutic approach and progress you are making. While I have the responsibility to bring all my knowledge, training, and experience to bear on your behalf, you have the responsibility to choose the proper person with whom to work, the proper approach for you, and the personal commitment to work on solutions to the best of your ability.

■ Other Rights

The State of Washington has compiled a booklet titled, *An Introductory Guide to Services a Psychologist May Provide and Your Rights as a Client*. I encourage you to look at this booklet if you are interested in fully understanding your rights as a client. I would be happy to provide you with a copy of this booklet, or you may download it at this website: <http://www.doh.wa.gov/hsqa/Professions/psychology/documents/seekhweb.pdf>.

I have received, read, and understood the Olympia Psychology Services Statement of Office Policies . I agree to the fee schedule and policies as stated. I have also read and understood the HIPAA Notice of Privacy Practices.

Client name (please print)

Client signature

Date

Parent or legal guardian signature (if client is a minor)

Date