

Andrea Neal, PhD  
Licensed Psychologist

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**AGREEMENT FOR SERVICES**

As you and I begin working together, it is important to clarify the goals, rights and responsibilities of our professional relationship. Please read the following information carefully and let me know if you have any questions. At the end of these pages, you are asked to sign that you understand and accept my treatment ideals and policies. I will give you a copy of this document.

**ABOUT PSYCHOTHERAPY WITH ME**

My theoretical approach is primarily behavioral and cognitive-behavioral treatment (CBT) – meaning that I consider how the beliefs we hold (cognitions) and the behaviors we engage in contribute to our emotional experiences and overall functioning. CBT includes a broad range of therapeutic approaches, including behavioral activation, cognitive therapy, dialectical behavior therapy, exposure therapy, and mindfulness-based interventions. In deciding which treatment approach to use, I consider your problems and consult with the research literature to determine which approach is the most effective at treating what you hope to target in therapy. The goal of my practice is to assist you and support you in living a life that is consistent with your values and that is both fulfilling and meaningful to you.

**BENEFITS AND RISKS OF THERAPY**

As with any powerful treatment, there are some risks as there are many benefits with therapy. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps seriously disturbed, or even dangerous. Also, clients in therapy may have problems with people who are important to them. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, despite our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. With therapy, people can experience a decrease in unpleasant emotions, an improvement in their relationship and coping skills, a clearer understanding of their values and goals, and more satisfaction and enjoyment in their lives. Keep in mind that I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

**PSYCHOLOGIST'S RESPONSIBILITIES**

I am an independent practitioner solely responsible for the care of my client. By choosing to be a psychologist I have agreed to abide by the ethical standards set forth by the American Psychological Association and by Washington State law governing psychologists. This provides you with some important assurances, including the following: I will tell you honestly who I am and what my credentials are; I will manage my business honestly; I will ensure the privacy of communication; I will provide you with the best service I can and will work within the limits of my competencies; I will respect your rights and integrity. I am responsible for developing and implementing a treatment plan that employs the most effective and appropriate interventions I know of which pertain to the concerns and issues you have brought to me.

**CLIENT'S RESPONSIBILITIES**

It is important that what we do together meets your needs as a client. It is your responsibility to choose the provider and type of treatment that best suits your needs. Your honest and active participation in sessions with me is essential if it is to be as valuable as possible. You are expected to complete homework

assignments in between sessions. You will remain free of drugs and alcohol while in the office, and you may not abuse drugs or alcohol while in treatment with me.

### **CONFIDENTIALITY**

Under the laws of Washington State, communication between a psychologist and her or his clients is privileged. Anything discussed in therapy and any information I have about you is confidential (except for the exceptions noted below) and can be disclosed to others only with your signed consent.

### **EXCEPTIONS TO CONFIDENTIALITY**

I am required by law to inform appropriate authorities if I have cause to believe that (1) a child or a vulnerable adult is being abused (2) you are a danger to yourself or to another person, (3) you are unable to take care of your basic needs.

In addition, under court order, specific information may have to be disclosed. If one of these conditions exists I will usually try to talk with you to clarify issues and work to seek mutually agreeable options that are in your best interest.

In the event an unpaid bill is referred to a collection agency or court, your name, payment record, last known address, and obviously, the fact that you have been my client, will become known to that agency or court.

### **CONSULTATION**

On occasion I consult with other professional colleagues in order to provide the best possible support to you. These consultations are confidential, and I will provide limited identifying information to protect your privacy. Those with whom I consult are bound by the same requirements of confidentiality as I am.

### **MY BACKGROUND**

I earned my PhD in clinical psychology from the University of Montana, an APA-accredited program. I completed a two-year post-doctoral fellowship, receiving advanced training in dialectical behavior therapy (DBT), at the Evidence Based Treatment Centers of Seattle, and then continued as staff psychologist. I have worked as a research therapist at the University of Washington in both the Behavioral and Research Therapy Clinic and the Addictive Behaviors Research Center. I have been in private practice since 2012. I am licensed as a psychologist in the state of Washington (license #PY00003110) and a member of the American Psychological Association and Washington State Psychological Association.

### **LIMITS OF SERVICE**

There are circumstances in which I may not be the most appropriate provider of mental health services. If this is the case, I will make a referral for you to another mental health professional or community agency which may be better suited to meet the needs at hand. If for some reason treatment is not going well, I might suggest you see another therapist or another professional for an evaluation. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you are currently involved with or anticipate involvement in a legal case requiring testimony regarding your mental health status and functioning or require any form of forensic work, I will not provide such services or information on your behalf. Appropriate professional referrals for psychological evaluations and forensic testimony will be provided for you.

### **APPOINTMENTS**

My appointments are usually 55-60 minutes. The time is reserved specifically for you. You will be charged the full fee if you are late, and you will be charged a \$100 fee if you miss the appointment or cancel with less than 24 hours' notice. I will tell you at least a month in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

### **FEES**

My fee is \$180 for a 55-60 minute session. Other time I may spend on your behalf for activities such as consultations pertaining to you, or phone calls with you that exceed 5 minutes, are calculated at a base rate of

\$180 per hour (60 minutes). Payment is due at the beginning of each session. If there is a difficulty or concern about payment, please discuss this with me.

You -not your insurance company or any other person -are responsible for paying the fees we agree upon. If you ask me to bill a separated spouse, a relative, or an insurance company, and I do not receive payment from them on time, I will then expect this payment from you.

**EMERGENCY SITUATIONS**

In the event of an unexpected difficulty, I can schedule another appointment with you as soon as possible, based on our respective schedules. If you have an emergency or crisis that needs immediate attention, you or your family members should call the King Country Crisis Line at 206-461-3222, call 911, or go to the nearest hospital emergency room.

**COMPLAINTS PROCEDURES**

It is my intention to fully abide by all the rules of the American Psychological Association (APA) and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I (or any other therapist) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the Washington State Department of Health, where they will tell you how to file a complaint.

The laws and rules (Chapters 18.83 and 18.130 and chapter 246-924 WAC) that regulate psychologists are intended to protect the public health and safety by helping to ensure the competency of psychologists. These laws include a complaint process against psychologists who commit acts of unprofessional conduct. You may obtain a list of acts of unprofessional conduct or file a complaint about a psychologist through the Department of Health by mailing to Washington State Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, WA 98504 or calling at 360-236-4700.

**AUTHORIZATION FOR SERVICE**

My signature below indicates agreement with the above policy and my informed consent for services. I, the client (or his or her parent or guardian), understand I have the right not to sign this form. I have read and understand this Agreement for Services and have been given a copy for myself. Any exceptions or alterations must be written and initialed by both the psychologist and client. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

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**ACKNOWLEDGEMENT OF RECEIVING NOTICE OF PRIVACY PRACTICES  
AND AGREEMENT OF SERVICES**

I, \_\_\_\_\_ [patient name], or the parents or legal guardian of the  
patient, have reviewed the following documents:

[Initial documents received]

\_\_\_\_\_ Notice of Privacy Practices

\_\_\_\_\_ Agreement of Services.

\_\_\_\_\_  
Signature of Patient (or Parent or Legal Guardian)

\_\_\_\_\_  
Date