

**MATTHEW T. LEIBSOHN, PH.D.**

Washington License Psychologist #1764

**3035 Island Crest Way, Suite 104  
Mercer Island, WA 98040  
425-453-7722**

**226 Summit Ave. East  
Seattle, WA 98102  
425-453-7722**

**PRACTICE DISCLOSURE & OFFICE POLICIES**

The State of Washington requires that psychologists provide clients with Client Disclosure Information, which clarifies the rights and responsibilities we share.

**Appointments:**

Appointments are scheduled with me, and the time and frequency of our meetings will be arranged by our mutual agreement. Sessions are 50 minutes in length. If you arrive late, it is usually not possible to extend the session. If you find it necessary to cancel our appointment, please notify me as far in advance as possible. If you cancel the session less than 24 hours in advance or miss an appointment, you will be charged the full fee for that session. Insurance usually does not cover missed appointments.

**Fees:**

- Psychotherapy/ Extended Telephone Consultation.....\$150 per 50-minute session
- Initial Assessment Session.....\$180 per 50-minute session
- Testing/Report Writing.....\$250/hour

**Payment Policies:**

- Payment is due at the end of each session, unless other arrangements are made.
- Because of the nature of my practice, I have elected to remain a “participating” provider, rather than a “preferred” provider with insurance companies. Consequently, you will receive a bill that contains all the necessary information for filing such claims. It is your responsibility to collect reimbursement from your insurance company. In order to avoid disappointment about my fee schedule and billing policies, please contact your insurance company in advance of our scheduled time to find out whether they will reimburse you for a Licensed Psychologist out of network. Sliding fee scales are possible.

**Confidentiality:**

In general, information about your treatment is confidential and privileged, and cannot be shared without your written permission. There are three mandatory exceptions, as stipulated in Washington law, regarding disclosure of treatment information without your consent. These are:

1. If your therapist believes there is a danger that you will do harm to yourself or someone else;
2. If there is evidence of child or elder abuse, neglect, or molestation; and
3. When directed by a court if you are involved in civil litigation or criminal prosecution.

For the benefit of my clients and my own professional growth, I sometimes seek consultation with other professionals. Should I discuss your circumstances in this professional context, I **will not** disclose your identity.

## **Emergencies:**

In case of an emergency during non-office hours or when I cannot be reached at the number above, please access the following resources. For life threatening emergencies, please call **Police/Fire at 911**. For non-life threatening emergencies may access the **CRISIS CLINIC at 206-461-3222**. I will make every attempt to be available to you in a crisis, as I check my messages frequently during the day, however, there are many times I am not available by cell phone and cannot always be reached immediately.

## **Your Rights as a Patient:**

As a client receiving services, you have the right to:

- Have full and complete knowledge of your therapist's qualifications and training.
- Be fully informed regarding the financial terms under which services will be provided.
- Discuss your treatment or testing with anyone you choose, including another therapist.
- Have a detailed explanation of any procedure or form of treatment prior to their initiation.
- Have direct access to your treatment records.
- Have pertinent information shared with another therapist, or any other party, provided you sign a release of information, and/or specify in writing that information not be released to certain individuals.
- Question the practice and competence of your therapist, and if you desire, to file a formal complaint with appropriate professional or legal bodies.
- Request a copy of the ethics code that governs your therapist's practice.
- Terminate treatment at any time for any reason.

## **Professional Profile:**

I am a licensed psychologist in State of Washington since 1993. I specialize in working with individuals who may experience depression, anxiety, relationship problems, life transitions, addictive behaviors, stress, lack of purpose and meaning, and chronic illnesses. I also work with many couples to assist them in dealing with their relationship issues.

My therapeutic approach is eclectic, utilizing a variety of theories and techniques that suit you as an individual based on my understanding of what it is you need. I generally employ a solution focus, person-centered or cognitive-behavioral approach to therapy. Insight, understanding destructive thought processes, taking personal responsibility, and making lifelong behavioral changes are usually the goals of therapy.

I received a Masters of Science Degree and Doctoral Degree in Counseling Psychology from Colorado State University in 1992. I completed my internship at American Lake VA Medical Center in Tacoma Washington. I continue to expand my knowledge base and training on a regular basis.

## **Client Expectations:**

Psychotherapy is one of the most challenging and rewarding experiences an individual can undertake in his/her lifetime. I approach each individual with dignity, and honor your willingness to be vulnerable, open, and honest. I work at your pace of participation, while at the same time gently challenging you to go to a deeper level of understanding. The goals of therapy are to make long lasting changes to your ineffective thoughts, feelings, and behaviors so you can obtain what is most important to you in your life. It is your right and responsibility to decide if you want to participate in the counseling process and you can end treatment at any time. If you have any concerns, dissatisfactions, or want to terminate treatment, I recommend you discuss those issues with me prior to terminating treatment in order to attempt some resolution and bring our professional relationship to a positive close.

## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
**PLEASE REVIEW THIS NOTICE CAREFULLY.**

As part of my professional practice, I maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. “Protected Health Information” (“PHI”) is information about you, including demographic information, that may identify you or be used to identify you, and that relates to your past, present or future physical or mental health or condition, the provision of health care services, or the past, present or future payment for the provision of health care.

**Your Rights Regarding Your PHI.** The following are your rights regarding PHI I maintain about you:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that I maintain. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request a copy of the required accounting of disclosures that I make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you in a certain way or at a certain location. I will accommodate reasonable requests and will not ask why you are making the request.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice.
- **Right of Complaint.** You have the right to file a complaint in writing with me or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. ***I will not retaliate against you for filing a complaint.***

### **My Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations**

**Treatment:** I may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care, I may disclose your PHI to others of your current providers, and to the extent you have not raised an objection in writing, to your prior providers, or to other persons, including family members, involved in your care.

**Payment:** I may use your PHI in connection with billing statements I send you and my system for tracking charges and credits to your account. In addition, but with your authorization, I may disclose your PHI to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and to disclose PHI for medical necessity and quality assurance reviews.

**Health Care Operations:** I may use and disclose your PHI for the health care operations of my professional practice in support of the functions of treatment and payment. Such disclosures would be to Business Associates to provide planning, quality assurance, peer review, administrative, legal, or financial services to assist me in my delivery of your health care.

## **Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object**

**Required by Law:** I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigation of deaths. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**Health Oversight:** I may disclose your PHI to a health oversight agency for activities authorized by law, such as my professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to me (such as third-party payers).

**Threat to Health or Safety:** I may disclose your PHI when necessary to minimize an imminent danger to the health or safety of you or any other individual.

**Appointment Reminders:** I may use your PHI to contact you to remind you of your appointments with me.

**Business Associates:** I may disclose your PHI to Business Associates that are contracted by me to perform health care operations or payment activities on my behalf, which may involve their collection, use or disclosure of your PHI. My contract with them must require them to safeguard the privacy of your PHI.

**Compulsory Process:** I will disclose your PHI if a court of competent jurisdiction issues an appropriate order. I will also disclose your PHI if (1) you and I have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid my compliance, (2) no qualified judicial or administrative protective order has been obtained, (3) I have received satisfactory assurances that you received notice of an opportunity to have limited or quashed the discovery demand, and (4) such time has elapsed.

## **Uses and Disclosures of PHI with Your Written Authorization**

I will make other uses and disclosures of your PHI only with your written authorization. You may revoke this authorization in writing at any time, unless I have taken a substantial action in reliance on the authorization, such as providing you with health care services for which I must submit subsequent claim(s) for payment.

### **This Notice**

This Notice of Privacy Practices informs you how I may use and disclose your protected health information (“PHI”) and your rights regarding your PHI. I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices with respect to your PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice of Privacy Practices by providing you a copy upon your request, or providing a copy to you at your next appointment.

### **Contact Information**

**If you have any questions about this Notice of Privacy Practices, please contact me:**

**Matthew Leibsohn, Ph.D.**  
425-453-7722  
**Matt@NorthwestCounselors.com**

### **Complaints**

If you believe I have violated your privacy rights, you may file a complaint in writing to me, as my own Privacy Officer, specified on the first page of this Notice. **I will not retaliate against you for filing a complaint.** You may also file a complaint with the Secretary of the Department of Health and Human Services.