Robert E Parker PhD

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Thank you for contacting me. The information below is provided in accordance with California and Washington State laws and the Ethical Standards of Psychologists. After reading this statement, please sign your name indicating hat you have read this material and agree with its terms.

I am a licensed psychologist in California and Washington State and am registered to practice in California as Robert E Parker PhD., A Psychological Corporation.
I am an independent Psychologist who is solely responsible clinically and financially for my own practice. Though I share office space with another Psychologist, I do not share clinical or financial responsibility for my practice with any other Psychologists.

PSYCHOLOGICAL SERVICES: WHAT YOU CAN EXPECT

Psychologists offering services to the public must be licensed by California. A licensed psychologist has a doctoral degree from an accredited university and supervised pre- and post-doctoral supervision. Also required is passing a national written examination and an Law & Ethics examination given by the California Board of Psychology. A psychologist must have at least 30 hours of continuing education every 2 years, in order to remain licensed.

QUALIFICATIONS, METHODS AND PRACTICE STANDARDS

I earned a Ph.D. in Counseling Psychology from Texas A & M University in 1989, after completing my internship at American Lake Veterans Medical Center in Tacoma, Washington. I have been licensed as a Psychologist in the state of Washington (PY00001487) since January 1991, and the state of California (PSY 25862) since 2013. Since 1977, I have worked with a variety of clients presenting a range of problems in outpatient and inpatient mental health facilities.

I am a member of the American Psychological Association, the California Psychological Association, and Psycholopgists for Social Responsibility. Although membership does not imply endorsement by these organizations, my practice is governed by a code of ethical responsibility. This means that I strive to provide the best service I am capable, and must work within the limits of my professional competency.

TREATMENT APPROACH

In practicing psychotherapy, I believe that behavior is goal-directed, and people strive to achieve a sense of significance and meaning in life that comes from one's personal beliefs, values, and feelings. The process of therapy involves exploring feelings, beliefs, and life history, as well as other important life involvements (such as family, friends, and work). Sometimes the focus of therapy may be on a presenting problem, and ways to overcome obstacles to living a more meaningful and satisfactory life. At other times, a presenting problem may simply represent the tip of an iceberg of longer-standing problems which might require more extensive attention.

Therapy is a cooperative effort, which means that we decide upon treatment goals and approaches together. I use a variety of therapeutic approaches tailored to the needs of individual clients and their emotional and cognitive style. Some clients may require a fairly direct problem-solving or skill building approach. Others may require a longer, more difficult process of developing understanding and insight into troubling patterns of thinking, behavior, and relationships that have roots in past experiences. Experiencing unpleasant and painful feelings is not an uncommon experience in therapy, as change often involves making difficult decisions. Part of my role as a psychologist is to provide the support and encouragement to face these difficulties and work them through.

CONFIDENTIALITY, LIMITS & MANDATORY REPORTING

All information disclosed by you is held confidential and may not be revealed without your written permission. I am required by state law to make reports in cases of: (1) suspected child abuse, (2) suspected abuse of a vulnerable adult (3) danger to self or others (4) inability to care for one's self due to mental incapacity, (5) supoena or a court order.

The laws governing confidentiality are often complex and I am not an attorney. I encourage active discussion of these issues. However, if you need more specific advice, formal legal consultation is advisable.

If I find it helpful to consult with other health and mental health professionals about a case I make every effort to avoid revealing your identity, unless the other professional is also providing care to you. These professionals are legally bound to keep the information confidential. If you don't object, I may not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record

OFFICE POLICIES

FEES, APPOINTMENTS, PAYMENT

The fee for the initial diagnostic session is $225.00 without a report to third party, and $275.00 with a report to a third party. My fee is $195.00 for a 55-60 minute therapy session, $160.00 for a 40-45 minute therapy session and $110.00 for a 20-30 minute session. I pro-rate my fee as necessary for testing, report preparation, and other services. Telephone calls lasting more than 2-3 minutes may also be billed at a pro-rated fee. Insurance companies typically do not reimburse for fees charged for telephone calls. I ask that payments and co-payments be made prior to sessions so we may spend all our time discussing your concerns. Sessions usually begin within 10 minutes after the scheduled time. Full payment is requested at the end of each session, unless you are a subscriber to Medicare or an insurance or managed care plan in which I am a preferred provider. In that case, it will be necessary for you to make any co-payments and meet any deductibles applicable to each appointment. There may be times when services may be needed which are not covered under a client's insurance program. I will discuss whether such services may or may not be covered prior to the provision of that service. Once it is mutually agreed that a non-covered service will be provided, the client becomes responsible for the full fee. I typically will send 3 requests to settle accounts by mail If an account is not settled after 3 request is mailed, I may send an account to collections.

There may be times when I am asked to perform work for a current or former client, or for an attorney on behalf of a client or former client, involved in either the civil or criminal legal system Depositions, testimony and, non-testimonial services (including preparation) provided for this work is charged at a rate of $180.00 per 55-60 minute clinical hour. A retainer is expected to be paid in advance for any time spent related to consultation, depositions, testimony, and preparation

INITIAL EVALUATION

The first 1-4 sessions are considered initial evaluation sessions where we discuss the reasons you decided to seek services. These sessions provide an opportunity to become acquainted with one another, and allow us the opportunity to decide how well we might work together. If, at the end of this evaluation period it is decided that we will not work together, I will be glad to make a referral to another professional better suited to meet your needs.

INSURANCE

If you have health insurance, you may have coverage for outpatient psychotherapy. Check your policy for the terms under which it provides reimbursement, including provisions for physician or managed care referral. If I am a contracted provider for your particular insurance company I will submit claims for you. If I am not a contracted provider for your insurance, I will provide the necessary bills to you so you can submit the claims yourself. Please be aware that regardless of what your insurance company decides, you are solely responsible for paying your fees.

NON-COVERED AND NON-AUTHORIZED SERVICES

Health insurance and managed care company policies may vary regarding what is considered "medically necessary" and allow payment for services.

Services that are "covered" and "non-covered" may vary. Check your insurance policy for specifics. Some examples include: letters 3rd parties;; depositions, court testimony and consultations with attorneys.

I am not able to know or keep track of every insurance company's requirements. It is the client's responsibility to know insurance benefits, limits, authorization policies, and any other insurance requirements.

If a service is determined to be "non-covered" or "not medically necessary" for any reason after it is provided, your signature below indicates your agreement to pay any charges denied by your insurance.

CANCELLATIONS AND MISSED APPOINTMENTS

Your appointment time is reserved for you. Please give at least 48 hours' notice to cancel an appointment to avoid being charged for a late cancel or missed appointment. Insurance does not reimburse for missed appointments.

PHONE CONTACTS AND EMERGENCIES

Please note that I do not use texting, e-mail, or other eletronic transmission of messages or data with clients. I only use telephone and voice mail.

My office telephone is 206-824-7275. During normal working hours on Monday's through Wednesdays a message can be left on my voice mail. Messages are usually returned within 24 hours during a typical work week. After hours you may leave a message on my voice mail and I will return the call the next work day. If you have a urgent need to speak with me, call my office phone and follow instructions on the voice mail message.. When I am on vacation or out of town, I will have emergency coverage arranged with other professionals. Their names and phone numbers will be available through my answering service. **Should you have a life threatening emergency call 911 or go to the nerest hospital emergency room.**

NOTICE OF INFORMATION PRACTICES

I keep a written paper record of services provided to you. You may ask to see your record, or have a copy if you desire. If you disagree with something in the record, you may ask to have a correction or amendment made, or you may submit your own statement with the reasons for doing so. Information will not be disclosed to outside sources without your written permission, or unless the law authorizes me to do so. You may see your record or get more information about it by asking me, and time will be arranged to review the record together at the earliest convenience. A fee is typically charged for time set aside to review your record. In addition, fees are charged and payable in advance, for any records that are to be copied and released from my office.

CLIENT RIGHTS AND RESPONSIBILITIES

You have the right to choose the therapist and methods of therapy which best suit your needs. Ask questions and seek information at any time something is unclear. If you believe the therapeutic relationship is not helpful, we should discuss this so we can attempt to change the way we work together. If you continue to think that our work together is not helpful, I will help you to find another therapist if you wish. You have the right to refuse or terminate treatment at any time, although I request to have at least 24 hours' notice before a final session to provide us a time to review and have closure. If you have a complaint becaue you believe that I have acted unprofessionally or negligently you may contact the California Psychology Licensing Board, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834, Telephone: (916) 574-7720

Feel free to ask questions about my policies, qualifications, and methods in order to help you be fully informed about your rights and responsibilities as a client. One copy of this statement is for your records, and another copy is for your client file. Please sign the consent to treatment below.

CONSENT TO TREATMENT

Signing below constitutes an agreement that you have read the Office Policies and Psychological Services Statements, and agree with the terms, rights, and responsibilities outlined, and have decided to use my services. You also agree to accept responsibility for paying the stated fee according to the conditions stated in the Policies.

_____ _____

Client Signature Date

_____ _____

Responsible Party (if other than client) Date

_____ _____

(Clinician) Robert E. Parker, Ph.D. Date

ACKNOWLEDGEMNT OF RECEIPT OF HIPAA* PRIVACY NOTICE FORM

I hereby acknowledge I have been provided a copy of the HIPAA notice of privacy form

_____ _____

Client Signature Date

***** *Health Insurance Privacy and Accountability Act*

Form Revised Effective 10/1/2019