

**Benjamin Thomas, Ph.D.**

Bloom & Blossom Wellness Spa

111 Tumwater Blvd SE

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Tumwater, WA 98501

Front Desk: 360-706-2674

Welcome to Bloom & Blossom Wellness Spa! I appreciate you giving me the opportunity to be of help to you.

This document explains my background, office policies, services, fees, and your rights as a client.

**About Me:**

I completed my undergraduate education at College of William and Mary in Williamsburg, VA. I completed my graduate education at West Virginia University in Morgantown, WV. I earned my Doctor of Philosophy (Ph.D.) degree in clinical psychology in 2019. I regularly participate in continuing education and trainings to improve my skills and knowledge as a therapist. I have been a licensed clinical psychologist in Washington state since September of 2020 (License #PY61074901).

**Treatment:**

It is important for you to understand therapy and the treatment process. The first session is devoted to understanding your history, current concerns, and goals for therapy. Ongoing therapy sessions focus on achieving those goals. I view ongoing therapy as a collaborative process. You define the problem areas and I will help you make the changes you want to make. I expect us to work together.

Psychotherapy requires your very active involvement and your best efforts to work towards change. I want you to tell me about important experiences, what they mean to you, and what feelings are involved. An important part of your treatment will be practicing new skills that you learn in our sessions. I will ask you to "practice" outside our meetings and apply what we talk about to your life. Change will sometimes be easy and quick and other times it will be slow and frustrating. The more committed you are to the therapy process, the better success you will have!

**COVID-19 and Safety Protocol:**

Masks are optional in the treatment room. If you have any cold, flu, or fever symptoms, you need to stay home. It is your responsibility to monitor your health and use good judgment when choosing to enter public spaces.

Please keep physical distance from others while in the waiting areas and office space. While in session, we will keep physical distance from each other at all times.

If I learn that someone in the office has tested positive for COVID-19, I will inform you to the best of my ability. I agree to follow all safety protocols recommended by health and government officials. You are choosing to enter the office at your own risk. I am not legally liable if you contract COVID-19 after visiting my office.

Please be advised that as CDC and DOH guidelines regarding mask wearing changes, office policy and mask policies may change as well. I will discuss with you any changes that happen and your personal preferences for mask wearing if any guidance changes. Your comfort, health, and safety are my primary concern.

**Confidentiality:**

Information provided during our therapy sessions will be kept confidential and will not be shared without your prior written approval. It is your legal right that our sessions and my records are kept private. In all but a few situations, your confidentiality is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is NOT protected:

- 1) If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others, including law enforcement, about the threat.
- 2) If there is reasonable suspicion of, or you share with me, that a child or dependent adult has been or will be abused or neglected, I am legally required to report this to the proper authorities.
- 3) If there is a legal proceeding by or against you and/or your treatment records are subpoenaed or court ordered, disclosure of records may be required.

**Session Fees:**

The fee for the intake appointment is \$225. Subsequent 60-minute sessions are \$190. If paying out of pocket, your payment is due at that start of each session. If you choose to leave the session early or arrive late, the session fee will not be discounted.

**Accepted Payment Methods:**

The office accepts Visa, MasterCard, Discover, and American Express. Cash and personal checks are accepted. There will be a \$30 returned check fee in the event that payment is denied due to insufficient funds.

**Insurance and Co-pays:**

If you choose, we will bill your insurance company for your treatment. You are responsible for understanding your insurance coverage including deductibles and copays. It is recommended you contact your insurance company to understand your coverage prior to starting treatment.

Billing insurance does not guarantee payment for treatment services. You are responsible for any balance not covered by insurance. You are required to provide your insurance information prior to our first appointment. If you are unable to provide your insurance information, you are required to pay a \$300 retainer fee for the intake session that will be refunded (minus any part you may owe) after insurance claim is processed and paid.

Payment for insurance copays, co-insurance, and deductible amount owed are required at check in for your appointment. If your account balance reaches \$300, you will not be allowed to reschedule until the balance is paid in full or a payment plan has been arranged. If no payment has been applied to your account for 90 days, Bloom & Blossom Wellness Spa has the right to hire a collection agency to retrieve payment for your services.

**Labor & Industries and Worker's Compensation Claims:**

If you are seeking treatment as part of your worker's comp claim, you must provide your case number, case manager name and phone number, and incident details. L & I requires detailed assessment and documentation of your therapy sessions. **This documentation will be shared with your case manager.** If L & I denies your claim, you will be responsible for paying for treatment out of pocket. **You are subject to cancellation and missed appointment policies and fees.**

**Cancellation and Missed Appointment Policy:**

If you need to cancel your scheduled appointment, you must do so at least 24 hours in advance of your scheduled appointment time. Failure to attend your scheduled appointment or cancellation within 24 hours of your appointment time will result in a \$100 fee. Exceptions to this include illness, personal or family emergency, and inclement weather. Insurance does not cover these fees.

I also have the right to cancel your appointment due to personal illness, family or personal emergency, and inclement weather. If I need to cancel or reschedule your appointment, I will notify you as soon as possible.

All clients will receive a reminder email 48 prior to appointment time and a text message reminder 24 hours prior to appointment time. If you are more than 20 minutes late to your session, you will be asked to reschedule your appointment. You will also incur a missed appointment fee of \$100. If you fail to attend your intake appointment, you will not be allowed to reschedule with me or any other provider in the practice. If you fail to attend two consecutive scheduled therapy appointments, you will not be allowed to reschedule.

**Telehealth:**

I provide telehealth services to any client living and residing in Washington state. It is recommended that you check with your insurance provider regarding coverage of telehealth services. I use a HIPAA compliant program for telehealth video sessions. I engage in telehealth services in my office or at home and guarantee privacy and

confidentiality in these settings. If you engage in telehealth sessions, please be aware that you are responsible for creating your own confidential space. If you are in earshot of others, I cannot guarantee confidentiality.

**Record Keeping:**

As outlined by Washington State laws and standards within my profession, I will keep records for a specified amount of time. I agree to comply with Washington State laws and privacy laws set forth by the Health Insurance Portability and Accountability Act (HIPAA) regarding record keeping. You have the right to review your treatment records unless I deem it harmful for you to do so. In the event I deem it harmful for you to review your full record, I may provide you with a treatment summary or release your records to a qualified health professional. All requests to view your records must be in writing. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization form that outlines what information is to be shared, with whom, and why.

**Consultation:**

There may be times when I consult with other professionals about your care to provide high quality treatment. I agree to not reveal any identifying information about you in these consultations. Also, consulting professionals are bound by the same laws of confidentiality.

**Communication:**

In my practice, I communicate with clients via phone calls, email, and secure messaging. It is important to understand that emailing is not completely secure and confidentiality is not guaranteed through this communication mechanism. My email is not encrypted. If you would like to refrain from using any of these types of communication, please notify me and we will work together to develop a plan that you are comfortable with. If you choose to email me confidential information, please be aware of the risk involved.

There may be times when you need to reach me outside of our scheduled appointment time. Please be aware that I check my emails throughout the day but cannot guarantee immediate response. Due to scheduled appointments, I am usually not immediately available. However, I will get back to you as soon as possible. I am not available outside of business hours and will not respond to emails, voicemails, or messages. I will let you know in advance if I am planning to be unavailable for an extended period of time.

*If you are in crisis and need immediate assistance outside of business hours, please call the Thurston County Crisis Line at 360-586-2800. For life threatening emergencies, call 9-1-1 or go to your nearest emergency room.*

**Miscellaneous Fees:**

There may be occasions when you need me to write a letter or provide documentation for an outside party. Charges for documentation are prorated based on session fees (\$190 for 60 minute session).

**I do not provide the following services:**

- 1) Court-ordered or mandated treatment. I do not participate in court proceedings on your behalf unless subpoenaed by a judge or court of law.
- 2) Psychological or substance abuse evaluations of any kind unless specified PRIOR to the start of treatment.
- 3) Crisis services or crisis treatment.
- 4) Medication prescription or medication management services.

**Referrals:**

If you could benefit from a treatment I cannot provide, I will provide a referral for you to the best of my ability. I may recommend a medical exam, consultation with a medication prescriber, and/or psychological testing. If so, I will fully discuss my reasons with you, so that you can decide what is best. I do not prescribe medication. If you are treated by another professional, I will attempt to coordinate my services with them (with your authorization). If for some reason treatment is not going well, I might suggest you see another therapist or other professional who may be better suited for your needs. As a responsible and ethical therapist, I cannot continue to treat you if my treatment is not working for you. You are free to seek an opinion from another mental health professional or medical provider at any time. If needed, I will work to the best of my ability to provide information about your treatment and diagnosis. You have the right to end treatment at any time with or without notice.

**Our Agreement:**

Your signature below indicates that you have read and agree to the policies outlined in this entire document. If at any time during the treatment you have questions about information discussed in this document, I will work to answer those questions to the best of my ability.

Your signature also indicates that you understand that no specific promises have been made about the results of treatment, the effectiveness of the procedures used, or the number of sessions necessary for therapy to be effective.

Your signature indicates that you have discussed any points that required clarification and have had your questions fully answered. You agree to comply with the policies covered in this document and agree to enter into therapy with Benjamin Thomas, Ph.D. and to cooperate fully and to the best of your ability.

Due to COVID-19, you will not receive a paper copy of this form unless requested. Please complete the electronic signature sent to you via Simple Practice as your signature to this form. It is titled "E-Signature Informed Consent". Your electronic signature will serve as agreement to the terms of this form. This form will remain in the client portal for you to access at any time.

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Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client