

AUTHORIZATION FOR SERVICES

Wilson Clinical Services, PLLC. offers a variety of professional services. Services offered include the following: comprehensive psychological assessments, clinical diagnostics, therapeutic interventions, organizational consultations, case consultations, school interventions, research, and supervision. Services are provided by Dr. Jaime A.B. Wilson, Ph.D. who is a licensed clinical psychologist in the state of Washington.

Please note that Dr. Wilson is the director / owner of Wilson Clinical Services, PLLC. (WCS), and has a group of contractors who are mental health professionals. Except when services are provided by a contractor, Dr. Wilson is completely independent in providing his clinical services and is, alone, fully responsible for those services.

Contractors are separate professionals and WCS is not responsible for any misconduct or malpractice that might occur on their part. Dr. Wilson's professional records are separately maintained as well.

Confidentiality and Privileged Communication

It is important that you understand that all identifying information about your assessment or treatment is kept confidential. As per HIPAA laws, all records of protected health information will be stored in a secure area and will only be accessible to those having access to the case (insurers, pertinent health care providers, billers, etc.).

In some instances of potential and imminent danger to self or others and in cases of child abuse, Dr. Wilson has the right, and sometimes the obligation to inform certain individuals or appropriate agencies if it is judged to be in the best interests of society. If you have any questions regarding this policy, please discuss this with Dr. Wilson.

In order to protect confidentiality, written, telephone, or personal inquiries regarding patients will not be acknowledged. You must sign a release of information before any information about you is given to anyone. Even then, Dr. Wilson may advise you to withhold information if it is in your best interest.

Appointment Cancellation Policy

As a courtesy to others who are seeking services from Dr. Wilson, a full 48 hours notice must be given in order to cancel a scheduled appointment. Otherwise, you will be responsible for the full fee of the missed appointment. Should you have insurance coverage, it should be noted that your insurance will not cover the fees incurred due to a missed appointment.

Contact Outside of Scheduled Appointment Times

There may be times when you wish to contact Dr. Wilson outside of a scheduled appointment for

reasons other than to cancel an appointment. Method of contact may take place through email, phone, instant messaging, or other communication mediums. You are welcome to contact Dr. Wilson outside of scheduled appointment times; however, it is important that you are aware that there is a minimum fee of \$30.00 for each time contact occurs. The \$30.00 fee will be charged in 15 minute increments. For example, should a given communication interaction require 45 minutes of time, the charge will be for three 15 minute increments of \$30.00, for a total of \$90.00. A credit card is usually required prior to initiating communication outside of scheduled appointment times. As it is with your health care information, your credit card information will be stored and protected under the strictest security procedures.

Research and Data Collection

In order to improve services to you and others, patients are asked to participate in the systematic collection of data. This often includes completing questionnaires prior to each session, completing additional assessment procedures as suggested by Dr. Wilson, and providing follow-up data upon completion of services. There are no known risks or discomforts from participating in this process. If you decide not to receive professional services, Dr. Wilson can provide referrals to other possible agencies. If you have any questions about your participation in research procedures, you may consult further with Dr. Wilson.

Forensic Services

Although it may not be anticipated, there is the possibility that you may require services from Dr. Wilson in a legal setting. You understand that if Dr. Wilson is subpoenaed or otherwise required to participate in a legal proceeding as a result of providing professional services to you, you will be responsible for paying for all time expended on preparation, transportation, and testimony. Given the unique nature of forensic services, the fee in a legal setting is \$250.00 per hour.

In signing this form, I agree that:

- X** I understand that the professional services provided by Wilson Clinical Services, PLLC. are administered by Dr. Jaime A.B. Wilson, Ph.D., a licensed clinical psychologist in the state of Washington.
- X** Services may be provided by a contractor of WCS. Contractors are separate professionals and WCS is not responsible for any misconduct or malpractice on their part.
- X** I understand the confidentiality policies of Wilson Clinical Services, PLLC. and agree to abide by them.
- X** I understand that there is a 48-hour cancellation policy; otherwise, I am responsible for the full fee of the missed appointment.
- X** I am aware of the fee for contacting Dr. Wilson outside of scheduled appointment times (other than to cancel an appointment).
- X** I agree to participate in the systematic data collection procedures as described above.

X Should forensic services be required, I am aware that I am responsible for all fees incurred on preparation, transportation, and testimony.

X I have read this document carefully and I hereby consent to participate in receiving professional services from Wilson Clinical Services, PLLC. under the terms described above.

Signed _____ Date _____

Witness _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Witness _____ Date _____

Every person 10 years of age and older, receiving services from Wilson Clinical Services, PLLC. must sign this form. If the child is too young; the guardian must sign on behalf of the child.