The Everett Clinic
For the whole you.
3901 Hoyt Avenue ■ Everett, WA 98201 ■ 425-259-0966
www.everettclinic.com

Center for Behavioral Health
Everett Marina Village
1728 W Marine Drive, Suite 106
Everett WA 98201
Phone: (425) 339-5453 Fax: (425) 252-4441

PATIENT LABEL HERE

OR

Patient Name_____

Date of Birth_____

MRN_____

FINANCIAL AGREEMENT & CONSENT FOR SERVICES

I, the undersigned, agree to receive services at the Center for Behavioral Health. I understand and have read, or have had explained to me, the following documents:

- My therapist's disclosure statement
- The *Fee Schedule* including Missed Appointment Policy charges
- *About Our Services,* and any others that apply to me such as: *Screening Intakes….Making the Most of your Psychiatry Visits…. Industrial Injury Program.*

I agree that if I miss an appointment by giving less than 24-hour notice I will be responsible for a fee. I understand that I am responsible for the payment of this account regardless of insurance coverage.

_____ I am responsible for what my insurance does not cover up to the entire fee. Payment or co-payment is expected at the time of service. If I choose not to use my insurance, I will be responsible for the full fee.

_____ I have no insurance and will pay the fee indicated on the *Fee Schedule*.

_____	_____	_____
Name of Patient	Signature	Date
_____	_____	_____
If patient under age 18 Name of Account Guarantor	Signature	Date

_____
Signature of Staff

@38-010@

Center for Behavioral Health - The Everett Clinic
INTAKE INFO

CHILD/TEEN (to age 17)

What do you like to be called? _____

Who is giving this info: ☐ Youth ☐ Caregiver ☐ Both

Your goal for treatment:

_____

Please check what's been bothering you:

- ☐ School or Job issues
- ☐ Divorce / Stepfamily issues
- ☐ Depression
- ☐ Self-esteem
- ☐ Withdrawn / Shy / Few Friends
- ☐ Poor Concentration
- ☐ Sleep problems / Tired
- ☐ Fears / Anxiety / Panic attacks
- ☐ Obsessions / Compulsions
- ☐ Anger / Temper / Outbursts / Fighting
- ☐ Quick Mood changes
- ☐ Talking back / Disrespect / Defiance
- ☐ Forgets / Doesn't do Chores or Hygiene
- ☐ Hyperactive / Impulsive
- ☐ Eating / Weight
- ☐ Toileting problems
- ☐ Cutting / Other Self-Injury
- ☐ Suicide Thoughts / Actions / Wish to die
- ☐ Running away / Legal problems
- ☐ Harm to others
- ☐ Sexual abuse / Date rape
- ☐ Physical abuse / Picked on / Bullied
- ☐ Family Violence
- ☐ Alcohol / Drug use (self)
- ☐ Alcohol / Drug use (other)
- ☐ Relationship / Friendship problems
- ☐ Brother / Sister issues
- ☐ Death of a loved one / Other Losses
- ☐ Money problems
- ☐ Not enough Family Time
- ☐ Problems with Parent(s)
- ☐ Health / Pain / Medications
- ☐ Hallucinations
- ☐ Sexual problems
- ☐ Gay / Lesbian / Bi / Transgender issues
- ☐ Other _____

Medications/Health: Any medication(s) ever prescribed for these concerns? ☐ Yes ☐ No

Names _____

Circle any that have been helpful to you. Are you looking for a new medication or dose adjustment? ☐ Yes ☐ No

How would you describe your overall physical health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

☐ Normal pregnancy/delivery ☐ Complications ☐ Alcohol/drugs while pregnant ☐ Past head injuries/concussions

Exercise: Days per week _____ Type _____

Sleep: To bed at _____ am/pm Up from bed at _____ am/pm TV/computer/phone hours daily _____

Average hours sleep per night _____ Hours per night you need to feel alert and rested _____

- ☐ Can't get to sleep
- ☐ Awake too early
- ☐ Sleepwalking
- ☐ Awake frequently
- ☐ Awake tired
- ☐ Snore / Stop breathing while sleeping
- ☐ Hard to return to sleep
- ☐ Oversleep
- ☐ Nightmares *How many nights per week* _____
- ☐ Naps *How many hours per day* _____

Food: ☐ 3 to 5 meals a day ☐ Healthy/nutritious food ☐ Lots of junk foods

Caffeine: *Servings per day*: _____ Caffeinated sodas _____ Power/energy drinks _____ Coffee _____ Pills

Substances: *Check all that have been used:*

- ☐ Alcohol *How often* _____
- ☐ Tobacco (smoke or chew) *How often* _____
- ☐ Marijuana *How often* _____
- ☐ Stimulants: meth, speed, crystal, cocaine, crack
- ☐ Hallucinogens: mushrooms, LSD, PCP
- ☐ Body-building supplements, steroids, diet pills
- ☐ Relaxers: Xanax, benzo's, barbs, other pills
- ☐ Ecstacy, inhalants, dabs, spice, bath salts, cough syrup
- ☐ Vicodin, Oxycontin, Percocet, Codeine, heroin
- ☐ Other _____

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@38-062@

MRN_____

Any past substance abuse treatment? ☐ 12-step groups ☐ Outpatient ☐ Residential

Family: Primary Caregivers: ☐ Mother ☐ Father ☐ Stepparent(s) ☐ Grandparent(s) ☐ Other(s)
Occupations of caregivers _____

Birth Parents: ☐ Married to each other ☐ Living together ☐ Separated ☐ Divorced ☐ Other
Your Brothers and Sisters, birth or adopted *How many* _____ How many Stepbrothers/Stepsisters _____
Friends: ☐ Close friends outside of school ☐ Close friends at school ☐ A girlfriend or boyfriend
Other Important People to me _____

Family Life has been: ☐ Loving / safe / secure ☐ Not so good ☐ Yelling / fighting ☐ Scary
☐ Losses ☐ Moving or changing houses/schools a lot ☐ Parents not around ☐ Accidents / traumas
Any family stress about money? ☐ Not at all ☐ A little ☐ Somewhat ☐ A lot

Overall, how much *support* do you have from people in your life: ☐ Lots ☐ Some ☐ A little ☐ None

Persons living in my home:

Name	*Age*	*Relationship to me*

Other home, if any:

Name	*Age*	*Relationship to me*

Education: Enrolled in grade _____ Name of school / district _____
Usual grades _____ ☐ Learning issues ☐ Has an IEP/504 plan Trouble with: ☐ Teachers ☐ Other Kids
☐ No problems at school Job, if any _____

Heritage: ☐ Caucasian/White ☐ Am. Indian/Alaska native ☐ Hispanic ☐ African/Black ☐ Asian Other _____

Strengths, interests, hobbies: _____
☐ Religion/spirituality or other value system important to me *Describe* _____

Mental health history: ☐ Saw a counselor before *How many counselors* _____

Have any of these **ever happened**?

☐ **Wanted to be dead or tried to kill myself**
☐ Teased / harassed / beat up
☐ Missed a lot of school
☐ Problems with the law
☐ Touched sexually by an older person
☐ Stressed and went to the emergency room
☐ **Hospitalized** overnight for mental health reasons
How many times _____ *Year of last hospital stay* _____

☐ Cutting / Scratching
☐ Burning / Hitting
☐ Anger / Losing control
☐ Other injury
☐ Throwing up / Laxatives
☐ Taking a lot of pills
☐ Reckless driving
☐ Playing with weapons

Birth relatives with mental health/substance issues *Describe:* Father _____ Mother _____
Sibling(s) _____ Grandparents _____ Children _____

The Everett Clinic

PHQ-9 BH Questionnaire

Patient Label Here

12 to ADULT

Need a letter/paperwork? Tell your provider at the *beginning* of the visit!

Please circle a number to indicate your answer **Over the *LAST 2 WEEKS*, how often have you been bothered by any of the following problems?**	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
10. Worried, tense, or panicky	0	1	2	3
11. Irritable, impatient, or angry	0	1	2	3
	Not at all	**One day**	**Several days**	**Nearly every day**
12. (For women) Had 4 or more drinks in a day (For men) Had 5 or more drinks in a day	0	1	2	3
13. Used a recreational or illicit substance? Or a medication in doses or for reasons other than prescribed	0	1	2	3

14. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all 0	Somewhat difficult 1	Very difficult 2	Extremely difficult 3

Feelings about the *MOST RECENT VISIT* (if any) with this provider	**Agree**	**Somewhat agree**	**Not sure**	**Somewhat disagree**	**Do not agree**
We worked well together	0	1	2	3	4
I made progress toward my goals	0	1	2	3	4

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ABOUT OUR SERVICES

The Center for Behavioral Health provides **counseling, evaluation, referral, and medication management** for children, adolescents, adults, and older adults. **Clinicians** offer individual, family, and group counseling, as well as evaluation. **Prescribers** manage medication when your primary care provider wishes additional help. Our staff is trained in accordance with the professional standards of psychology, psychiatry, social work, mental health counseling, and marriage and family counseling. Each provider is certified or licensed in their discipline by the State of Washington.

We want to help you achieve your goals! We have many providers, with a variety of approaches and backgrounds, at different locations. We specialize in **brief treatment** and helping you use self-help, family, and community resources. When your needs are better met outside of our department, we will help you find the appropriate provider and services.

Cancelled and Missed Appointments

Your appointment is held exclusively for you. If for some reason you can't keep your appointment, **please give us as much notice as possible so we can make your appointment available to someone else. If you don't give us at least 24 hours notice, you will be charged a fee that is not covered by insurance. If you miss or forget an appointment, please call us!** If we don't hear from you, we may cancel your other appointments.

Why do we have this policy? As you may know, our office is very busy and we have many patients who are seeking our services. Each provider limits the number of patients he/she serves at any one time. Unlike many health professionals, we do not double-book. Even if you cancel with 24-hour notice, someone else cannot always use that time. We appreciate your understanding.

We also provide acute care to patients at risk of hospitalization. Rarely, your provider may have to take a phone call during session, interrupt, or even cancel your appointment on short notice in order to help a seriously ill patient. Please understand that we do this only in emergencies and we apologize for any inconvenience this may cause you.

Fees

Please see the *Fee Schedule*. Visits range from **15 to 90 minutes,** depending on the need, and type of service. Group therapy visits last 60 to 90 minutes, while other individual and other visits tend to be shorter. If you are unsure, ask your provider.

It is possible that some of your fee will be covered by your medical insurance. If so, we are glad to bill your insurance company directly. Call your insurance plan to find out your exact cost. We ask that any portion of the fee not covered by insurance be paid in full at each session to our receptionist, by cash, check or bankcard.

Emergencies

In an immediate life or death situation call 911. If you are having a less severe psychiatric emergency involving feeling suicidal, at risk of hospitalization, or other serious symptoms please call us at our main number **(425) 339-5453**; this number will also direct you to our pager coverage on nights and weekends. Note that our on-call service is not for chatting or regular therapy—instead please schedule a regular appointment. To talk to someone immediately you may also call direct to the **24-hour Care Crisis Line (425) 258-4357.**

Group Therapy

Groups are an excellent way to deal with many issues, and can offer special insight and support from others. We offer groups on a wide range of topics, and also refer to groups in the community. The focus may be on skills, interpersonal sharing and support, brief or long-term. Ask your provider.

Child and Family Treatment

We help with a wide range of child and teen problems, from birth through age 17. We value the involvement of **parents or guardians**, siblings, relatives, and other significant others. The younger the child, the more likely it is that will be working primarily with the adults. In any particular session we may talk with various family members. Family therapy is helpful for many childhood problems. Some children and teens may need more private time with their provider to build rapport or work on specific issues. For others who have difficulty with talking or language skills, the clinician may use games and play techniques.

At times it will be helpful for your provider, with your permission, to talk with school or daycare personnel—to get a better understanding, or to provide helpful assistance.

We do not mediate custody disputes, evaluate parental fitness, or provide independent custody evaluations. We do not get involved in legal disputes between parents for a variety of reasons. For one, custody evaluations are a forensic procedure requiring specialized training, and they are not covered by health insurance. Custody evaluators must be independent and cannot provide therapy to the families they are evaluating. Secondly, children may feel uncomfortable sharing feelings with a counselor if they worry that what they say will be used against one of the parents. Consequently, we only do treatment here. If legal services are required, we will be happy to refer you to practitioners who are experts in these fields.

We do provide counseling and medication to children and families experiencing difficulties with separation and divorce. We want to help children and parents stay mentally healthy.

Marriage and Couple Counseling

We do provide marriage/couple counseling. This service is usually not covered by insurance, but you can pay for it out of pocket. Family therapy (CPT code 90847) is covered by some insurance plans—this is when the patient has a mental health condition and one or more family members/significant others participate in the session to help improve the patient's condition.

Medication

Most medications at The Everett Clinic are prescribed and managed by the **primary care provider (PCP)**. In special cases, the PCP will refer to our psychiatrists and psychiatric ARNP's for specialized medication evaluation and management. Our **psychiatry prescribers** focus on medication, while our **clinicians** focus on behavior and talk therapy. Studies show that the combination of therapy and medication is more effective than medication alone. Medication is much more effective combined with counseling. If you or your child is taking psychiatric medications, it is important that you also see one of our clinicians so that we can work as a team. If you experience changes in your symptoms, it is best to make an appointment to be seen in person rather than addressing your questions over the phone. This allows us enough time to safely and thoroughly assess your situation.

In order to make the most out of your psychiatry visit, please arrive 15 minutes early to complete paperwork; make a list of your questions to concerns; Share your expectations and how we can help you; keep track of your symptoms and how they change. If you are starting a new medication and increasing the dosage, please be sure you schedule an appointment with the prescriber to discuss your response to the medication. If you have unexpected or intolerable side effects, call your provider immediately. If you need to refill your medications, contact your pharmacy or send a request through MyChart **at least 24–72 business hours** in advance. For benzodiazepines and stimulants, you must present in person a hard copy of your prescription from your last appointment; electronic prescriptions/refills are not accepted. If you lose your prescription for a stimulant or a benzodiazepine it cannot be replaced.

For acute symptoms, patients are often seen monthly. Once you are stable your follow up care may change to every three months. Psychiatry tends to be a short-term service—we will refer your medication management back to your PCP as soon as is practical.

Confidentiality and Your Health Record

All issues discussed in the course of therapy are strictly confidential, including the fact that you are seeing a Behavioral Health provider. We will not disclose any information to others unless you tell us to do so, or unless compelled to do so by law.

We keep an electronic record of your health care. To see that record online and email your doctors, sign up for **MyChart**—ask your provider to help you with this. You may also ask to examine and copy your record by making a written request. You may ask us to correct your record. To provide you the best care, **information about your visits will be available to your primary care doctor and any Everett Clinic physicians who work with you**.

For children under 13, we do not need the child's permission to talk with you about their sessions, and you may also sign up for proxy MyChart access to their records. However, please understand that sometimes children may need to express their thoughts and feelings without about having everything available to you.

Teens 13 years and older have the same confidentiality rights as adults have under Washington State Law. The teen must give their permission to us to communicate with outside parties, including the parent/guardian, unless there is an imminent risk to self or others. Teens are much more likely to fully participate in therapy when they know this! We do make every effort to keep parents informed of what is happening in their teen's counseling, whenever possible, and most teens agree with us giving at least a progress report.

In summary, information about your medical treatment may be released to other persons under the following circumstances only:

1. When a release of information is signed by you; or if under age 13 by a parent/ legal guardian.
2. To a parent or legal guardian, when the patient is under the age of 13.
3. When abuse or neglect of a child or a vulnerable/dependent adult must be reported by law.
4. When you are a danger to yourself or someone else, or are gravely disabled.
5. When your behavioral health provider deems it necessary or appropriate to disclose information to another physician or health provider, unless you specifically request him/her not to.
6. When your behavioral health provider deems it in accordance with good professional practice to disclose information to a family member, unless you specifically instruct the provider in writing not to do so.
7. When it is necessary to provide the information in a legal proceeding or disciplinary action.
8. When your insurance company requests your record in order to process your insurance claim. L&I patient records are accessed by many; please see the separate handout *Industrial Injury Program.*
9. When your spouse, family member, or significant other attends a therapy session with you we make every effort to maintain privacy, but their communication is not privileged or protected by law and can be released without their permission.
10. We may resist releasing info to others or to you if we believe that the release would cause imminent harm.

Outome Questionnaires

At the beginning of each visit you will be asked to fill out a brief PHQ-9 or ACORN outcome questionnaire to help you and your provider see your progress and to improve our services.

Do You Have a Concern?

If you have a concern about your treatment, medical record, or any of our office functions, please talk first to your provider. When the provider is aware of an issue, often something can be changed or worked out. You may also speak to Paul Schoenfeld PhD, Director of The Center for Behavioral Health, or Nanette Reinecke, Clinical Practice Manager.

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FEE SCHEDULE

Psychotherapy

Initial Visit/ Intake	**90791**	**$361.50**
Individual (16-37 min)	**90832**	**$150.25**
Individual (38-52 min)	**90834**	**$194.00**
Individual (53-60 min)	**90837**	**$284.00**
Family	**90847**	**$246.75**
Family w/o patient	**90846**	**$198.50**
Group	**90853**	**$70.50**
Testing-per hr by tech	**96102**	**$166.25**
Testing-per hr by PhD	**96101**	**$256.25**
Interactive Complexity*	**90785**	**$12.00**

***Play Therapy, Interpreter, added communication**

Psychiatry

Initial Visit/ Intake – Psychiatrist	**99205**	**$454.75**
Initial Visit/ Intake – ARNP	**90782**	**$298.75**
Medication Checkback/ Management (15 min, 25 min, or 40 min)	**99213, 99214, 99215**	**$162.00 -$318.75**

These are the fees we charge for different types of visits. Depending on your health plan and the provider you see, the actual allowed fee may be less. Your behavioral health benefit may differ from your regular medical benefit, and you may have an overall deductible, so please check with your insurance company to find out your actual costs!

Missed Appointments

Medication Evaluation, or Checkback longer than 40 minutes	**$250**
All Counseling visits; Medication Checkback 40 minutes or less	**$100**

We have reserved this time for you. If you miss your appointment, **you will be charged unless you call us at least 24 hours beforehand. You may leave a message on our voice message machine.** There is no fee if you scheduled for an appointment less than 24 hours away. In any case, please call us as soon as possible! Missed appointment fees cannot be billed to insurance. We end care with patients who repeatedly miss appointments.

Forms, Letters, and Reports **$25**

The Everett Clinic charges for a form, letter, or report not requested on the same day as your visit. You are responsible for this fee; it cannot be charged to insurance.

Benefit Exclusions

Marrriage or family counseling and other conditions may be specifically excluded on your certificate of coverage. It is your responsibility to call your insurance company to see what is covered and what services you are responsible for.

Employee Assistance Programs (EAP):

We do not accept EAP. Instead, we will bill your medical insurance for our services.