

**ELIZABETH WATT, PSY.D., LLC**

**360.207.4184**

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**OFFICE POLICIES & DISCLOSURE STATEMENT**

Washington State Law requires that all therapists provide clients with written information about their qualifications, treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, this document reviews basic information about psychotherapy, summarizes my background and my therapeutic approach, and provides details about my office policies. Please read this information carefully and ask me to explain anything that you don’t understand. This document, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it before we begin our therapy together.

This document addresses the following topics:

* My therapeutic approach
* My education, licensure, and business entity
* Fees and payment policies
* Cancellations
* Emergency contact information
* About confidentiality
* The risks and benefits of therapy
* Referrals to other providers
* My statement of principles and complaint procedures

**MY THERAPEUTIC APPROACH**

I believe it is important for therapy to feel safe, non-judgmental, and supportive. I will do my best to create a space that fosters these feelings and to frequently check in with you about your level of comfort or discomfort as our therapeutic relationship progresses. If at any time you realize that you do not feel safe or supported by me, I encourage you to bring this up so that I may try to understand and do what I can to adjust. I have experienced this type of feedback from clients as being extremely beneficial not just for my own learning, but for our work together moving forward. If at any time either after the initial session or later you feel that working with me is not giving you what you need and it does not feel that adjustments on my end have helped, I will absolutely support and encourage you to try meeting with another therapist.

I am strongly motivated both in my personal life and in my therapeutic practice by the values of self-compassion, openness to exploration, and vulnerability I believe by sitting with and acknowledging someone else’s pain, fear, joy, and hope, I can help provide an experience that we as humans so desperately need and so rarely get in our daily lives. In working with issues related to sex and sexuality, my goal is often to simply give someone an opportunity to talk about things they feel they normally “can’t” talk about. While I often am able to provide insight or information for my clients that I have gained from my education and experience in the field, I also believe in modeling a willingness to sit with “not knowing” and at times feeling inadequate or “stuck.” While I consider myself an “integrative” therapist (meaning I use theories and interventions from various different psychological perspectives and take a holistic view of each individual client), I find my work often focuses on increasing self-awareness, empowerment, and self-compassion. The particular approach I take in session often has to do with the individual or couple I am meeting with, what their stated needs are, the interpersonal dynamics that arise in therapy, and my intuition or “gut feeling.”

Frequency and number of sessions are scheduled as agreed upon by my clients and myself. This may change throughout the course of treatment depending on your needs at the time. The ultimate goal of therapy is for clients to get to a place where they no longer need therapy. You are free to terminate therapy at any time. If you decide to end therapy, I recommend that we meet for at least one more session to review our work together, to gain closure on any issues that may have arisen, and to discuss any recommendations or referrals.

**MY EDUCATION, LICENSURE AND BUSINESS ENTITY**

Elizabeth Watt, Psy.D.   
 Psy.D. in Clinical Psychology, The Chicago School of Professional Psychology, 2015  
 M.A. in Clinical Psychology, The Chicago School of Professional Psychology, 2012   
 B.S. in Media Studies, University of Illinois, Urbana-Champaign, 2006

Licensed Psychologist in Washington State, PY 60609307  
 Professional Member, American Psychological Association (APA)  
 Professional Member, Washington State Psychological Association (WSPA)  
 Professional Member, American Association of Sexuality Educators, Counselors & Therapists (AASECT)

My business name is Elizabeth Watt, Psy.D., LLC. LLC stands for Limited Liability Company. Please make any checks out to: Elizabeth Watt, Psy.D., LLC. On all of our financial interactions such as billing records, charges, and receipts, you will see this designation: Elizabeth Watt, Psy.D., LLC.

**FEES & PAYMENT POLICIES**

For individual therapy, couples therapy, and consultations, my fee is $225 for the initial intake evaluation and $165 per 50-minute individual session thereafter. Group sessions are $80 per session. Fees are usually collected in full at the beginning or end of each session. Cash, credit/debit cards, or personal checks are acceptable for payment, and a receipt will be provided to you at your request. Credit cards require a 3% service charge.

I require each client to provide a credit card number that will be charged in the event of an account that is delinquent. The total amount due plus a 3% processing fee will be charged if an account balance is not paid in full within 60 days from the scheduled date of service. A fee of $30 is charged for returned checks and a fee of $25 up to the original cost of the item will be charged if “rented resources” such as books, workbooks, etc. are not returned after the agreed upon amount of time.

Extended sessions: Occasionally we may schedule longer sessions, which can be helpful when using certain therapeutic interventions. On a rare occasion, we may decide to extend a session, rather than stop or postpone work on a particular issue. When this extension is more than 15 minutes, I will tell you, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

Telephone and email communication: If you need to contact me between sessions you can call (360) 464-1194 and leave a message on my voice mail or send an email to [drelizabethwatt@gmail.com](mailto:drelizabethwatt@gmail.com). While I cannot promise that I will be available at all times, I will do my best to return your call or reply to your email as soon as I can. I will make an attempt to let you know if I will be out of the area for an extended period of time or have another reason I may not have access to voicemail or email. I do not provide therapy over the phone or via email, but I do believe that this can be an effective way to communicate scheduling issues, quick check-ins, or send educational information and resources.

Insurance: If you plan to use insurance to pay for our sessions, I encourage you to educate yourself about what your particular plan covers (and what it does not cover) so that you are not surprised by unexpected bills. You are responsible for all co-pays, co-insurance, and meeting your deductible. If I am not a preferred provider on your plan, you can explore whether your insurance plan offers out-of-network benefits that would cover a percentage of my fee. If you find that you have out-of-network benefits, I ask that you pay me directly, and I will provide you with a receipt to submit to your insurance company for reimbursement. Many of my clients choose to pay privately because it offers them more control and privacy. *When mental health services are billed to an insurance company, the provider is required to submit a diagnosis, which then becomes part of your medical record.*

**EMERGENCY CONTACT INFORMATION**

In the event of an urgent life threatening situation, please contact the Crisis Care Line at 1-800-584-3578 (24 hours a day, 365 days a year, toll free), or St. Joseph Hospital at 360-734-5400 (ask for the Mental Health Unit), or go directly to the emergency room. I cannot guarantee that I will be available in the event of a crisis.

**CANCELLATIONS**

If you need to cancel an appointment, please notify me by voice mail or email at least 24 hours in advance. Failure to show up to an appointment or to notify me of a need to reschedule will require full payment for the cost of the scheduled appointment. If notification of a need to cancel or reschedule is made within 24 hours of the scheduled appointment a late cancellation fee of $75 will be billed. *Note: Insurance companies will not pay for missed sessions, so these fees will be out-of-pocket.*

**ABOUT CONFIDENTIALITY**

It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. Exceptions to confidentiality include, but are not limited to, situations where you pose a threat of serious harm to yourself or someone else; cases involving suspected child, elder or dependent adult abuse; cases in which I am court-ordered to testify or produce records; or as outlined in the “Notice of Privacy Practices” (copies available on my website).

Voicemail and phone are the only secure methods of communication that are HIPAA compliant. Email and texts can be intercepted or viewed by third parties. Additionally, if you use your work email address, your employer could have access to it. Some clients prefer the convenience of email communication and texting despite their lack of security. I am asking you to determine your own preference for security versus convenience in communication.

Professional consultation is an important component of an effective psychotherapy practice. As such, I will regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you or your situation.

In terms of records and record keeping practices, I will take notes during or after our session. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of the therapist. Should you request a copy of my records, such a request must be made in writing. I will maintain records for at least seven years following termination of therapy. After seven years, your records may be destroyed in a manner that preserves your confidentiality.

**THE BENEFITS AND RISKS OF THERAPY**

Therapy is a process in which we will discuss a myriad of issues, experiences and memories for the purpose of creating positive change. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties you may be experiencing. Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, school, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Therapy may also involve some discomfort, including remembering and discussing unpleasant feelings and experiences. The process may evoke strong feelings such as sadness, anger, or fear. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Sometimes a decision that is positive for one family member is viewed quite differently by another. You should be aware that any decision on the status of your personal relationships is your sole responsibility. If your symptoms worsen, it is often a sign that we are going “too fast” in the therapy, so please let me know so we can adjust our work accordingly. Finally, even with our best efforts, there is a risk that therapy may not work out as you had hoped.

**REFERRALS TO OTHER PROVIDERS**

If after our initial appointment or at any time during our treatment, I believe that you could benefit from a treatment I cannot provide, I will help you with a referral. Based on what I learn from you, I may recommend you seek a medical consultation or other type of healing resource. If I do this, I will discuss my reasons with you, so that you can decide what is best. If for some reason therapy is not going well, I might suggest you see another therapist or another professional. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you.

**MY STATEMENT OF PRINCIPLES AND COMPLAINT PROCEDURES**

It is my intention to fully abide by all the rules of the American Psychological Association (APA), by Federal laws, and by those of my state license. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, I encourage you to share your concerns with me. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have treated you unfairly or have even broken a professional rule, please tell me. If I am not able to resolve your concerns, you may report your complaints to the Examining Board of Psychology, Department of Health, P.O. Box 47869, Olympia, WA 98504, or call them at (360) 753-2147.

**THANK YOU**

Thank you for your patience in carefully reading the Office Policies and Disclosure Statement. If, after reading this form, you decide against entering a therapeutic relationship with me, please contact me no later than 48 hours prior to our scheduled appointment time. If you have any questions prior to our first appointment, don’t hesitate to call or send me an email.