

**Patrick J. Hart Psy.D. (LMHC/MHP)**  
**The Hart Center Mental Health and Substance Abuse Services**  
3727 Bagley Avenue North, Seattle, Washington. 98103 206-547-HELP (4357)

[www.TheHartCenter.com](http://www.TheHartCenter.com)

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## **Professional Disclosure Statement and Service Agreement**

As a psychotherapist and behavioral health consultant, I have maintained a private practice in Seattle for more than two full decades. I assist people with a broad range of presenting difficulties, including evaluation and treatment for mood disorders like depression, and problems of anxiety (panic & phobia), adjustment, impulse-control and substance related disorders. My clinical background includes extensive experience in both inpatient and outpatient mental health settings. My professional history has involved the supervision of residential psychiatric treatment facilities for children, adolescents, and adults; the inpatient treatment of depressed and eating disordered individuals and their families, and extensive experience within the context of involuntary treatment for severely compromised psychiatric patients.

Specializing with families and organizations concerned with alcohol and other drug problems, I have founded *The Center for Intervention and Family Crisis Prevention*. A large portion of my practice is devoted to helping substance abusers, and I assist families, friends and associates of chemically dependent and mentally ill individuals. I also extend individualized, private evaluation and care for executives, health practitioners, and other professionals in high visibility occupations and organizations.

I was graduated in 2006 with a Doctorate of Psychology (Psy.D.) in Clinical Psychology from The Professional School of Psychology–Sacramento. I am designated by the Health Department as a Washington State Licensed Mental Health Counselor (LMHC #LH00003694). The Master of Science Degree M.S., in Experimental Psychology was awarded me from the Psychology Department of Western Washington University in 1983. I was also graduated in 1994 with a Master of Arts M.A., in Clinical Psychology from The Fielding Institute. Recognized by the state as a Mental Health Professional (MHP), My professional history has guided me through numerous clinical settings and therapist roles — questions are encouraged! My resume is available upon request.

### **Therapeutic Process and Methods**

As a psychotherapist I offer you my full participation during the time we spend in session. I view the therapeutic process as an agreement of honest collaboration, mutual responsibility and devotion to strive toward outcomes that are defined and valued by *you*. A wide range of psychotherapeutic perspectives has shaped my clinical expertise. These include Behavioral, Cognitive, Humanistic theories and associated therapies or methods. Given the nature of our relationship, I will request your input and guidance in discovering the methods most productive for you. My commitment is to engage wholeheartedly in the challenges that confront our process—a corresponding willingness is required of you! Please anticipate frequent dialogue concerning your course of treatment, desired outcomes, and your ongoing expectations. Your participation with me is always optional and shall be continued at your own discretion. I trust our relationship to provide safe grounds—supportive of the challenges necessary to manifest desired change. My philosophy of mental health emphasizes skills-development, self-regulation and the promotion of *behavioral health*.

### **Payments — Appointments & Scheduling Agreements — All Sessions Are 45 to 50 Minutes in Duration**

Please do not schedule time with me in a poorly predicted—or haphazard manner! It is far better not to schedule time with me if you are not absolutely positive you can honor our scheduled time. **Because of our mutual commitments, you shall be automatically billed for appointments that you miss (for any reason) or cancel without a Full 72 Hours Notice.** Please understand in advance, and acknowledge the above agreement here with your initials \_\_\_\_\_. If you should find it necessary to cancel a scheduled appointment with me, you must view this financial liability as your own “emergency expense.” – Kindly, do not defer this to me! If I can reschedule the time you leave vacant, I will do that for you. Think of it this way: **The moment you schedule your appointment, you have reserved my time and expertise in advance! For each of us, clear and decisive planning is essential to successful living!**

### **Family Intervention Planning & Rehearsal Sessions: Graduated Fee Based On Number of People Served**

- (1) Intervention Case Assessment, Treatment Planning and Intervention Rehearsal Meetings:  
One Person \$175 Two \$200 (3—>4 Members \$225) (5—>6 Members \$250) (7—>8 Members \$300) Fees for Tele-Conferencing are also consistent with the above fee schedule. (couples counseling sessions \$200)
- (2) Invitational Intervention Model: Invitational Sessions are billed at \$300 per session hour.

Group therapy, intervention assessment, planning and rehearsal sessions are all billed in accord with the above fee structure. The invitational intervention (no secrets of surprises) method deserves careful elaboration – please ask.

### **Formal Family Intervention and Post Intervention Follow Up**

I maintain flat-fee of \$ \_\_\_\_\_ for the day that I dedicate to conducting your formal family intervention. I shall skillfully guide all participants as I help you initiate the intervention, and decisively direct this process through to a logical, safe and cohesive resolution. In planning your intervention, I am willing to help you with treatment matching and assist with communications with treatment providers. At your discretion, I will submit necessary verbal reports to recovery center admission personnel and answer clinical questions for case management staff.

As a professional courtesy, the above cost includes my professional guidance throughout the inpatient phase of your loved one’s course of treatment. Attentive to your needs, I’m willing to be your *family liaison* and coach you through to the completion of the residential phase of the treatment program. You may forever call me with questions and I will answer your specific and direct questions succinctly. However, if you wish to consult me about complex problems that require extended dialogue and counseling – I will remind you that my hourly fee is required.

Assuming that relevant releases of information have been authorized, I will help you interpret and clarify the recovery center’s assessment summaries, treatment plans, and after-care recommendations. I will also help you evaluate the cohesiveness and utility of whatever discharge planning and continuing care recommendations you are given by the treatment facility that has administered your loved one’s care.

While all interventions are strategically developed to be concise, decisive and quite brief, please recognize that some interventions may require our group’s participation for extended periods of time. Comprehensive intervention services are offered nationally. I am willing to negotiate fees for extended travel and for exceptionally delicate and guarded intervention contexts. You may find details on my Internet webpage: [www.TheHartCenter.com](http://www.TheHartCenter.com)

### **Insurance Reimbursement Considerations**

Because insurance companies and managed care plans are perpetually redefining their policies, allowances, billing codes and procedures; you must work to maintain clarity about the exact nature of your mental health benefits. For family intervention I do not bill insurance companies directly! At your request, I will provide invoice documentation of procedure and diagnostic codes for insurance purposes. **However, regardless of what happens with your insurance company, you are responsible for payment at the close of each session.** In the event that your insurance carrier, at any time, decides that my services are not covered and denies you payment -- please understand that full payment for my services is your responsibility.

### **Telephone Contact (No Email Please) ~ Call “911” For Emergencies**

My answering machine operates around the clock and I will return your calls at my first opportunity. If an emergency arises and your health and safety is compromised—you are instructed to call “Emergency 911” — or go directly to your nearest hospital emergency room. You may also contact the King County Crisis Line (206-461-3222). If I am away from my practice for extended periods of time (vacations/training) I will make available a colleague that you may contact for emergency services. If you request *scheduled* phone consultation we must establish a fee in advance. When I am called upon to make visits away from the office for scheduled intervention planning or "crisis prevention" services, fees for extended travel time (national) may be negotiated. ***\*Please: Never rely on email to make contact with me. Always use the phone! Email does not ring to command my attention!***

### Extent of Confidentiality

When you are paying for my services privately, all of our communications will be held in strict confidence. Information concerning your evaluation or treatment will be released to others only with your direct consent. The only exceptions to this lie in cases involving a clear potential for immediate harm to you or to another human being. If such human endangerment is evident to me, and a potential danger to self (e.g. suicide), or others (e.g. child abuse/homicide/domestic assault) is suggested or openly threatened, I will report this to appropriate authorities. I am also required by Washington State law to report to authorities the deprivation or abuse of a minor, dependent adult, or disabled person.

**If you are relying on insurance reimbursement to pay for our work together, please understand the following:**

While all of our communications are intended to remain strictly confidential, if you elect to submit my invoices to your health insurance carrier, your diagnosis, presenting symptoms and treatment history will become part of your permanent medical record. These records are sometimes accessible to third parties like insurance administrators, employers, private investigators, etc. Therefore, I cannot guarantee confidentiality of records in cases involving insurance reimbursement. I must submit required records. So, if you are relying on insurance, please be informed that I may be obligated to provide written records and verbal reports to administrators or auditors concerning your diagnoses, symptoms and course of treatment. Insurance companies routinely require discussions of your symptoms that justify "medical necessity" for our psychotherapeutic work together. Please Note → Many insurance carriers do not cover family addiction intervention services, family therapy, or "conjoint" group consultation. Because of this, I will not bill your insurance carrier directly for services that involve group and family intervention.

**Before signing this document please ask for clarification about anything you do not understand or need help in interpreting. Note that The Washington State Department of Health Proclaims:**

"Pursuant to WAC 308-190-040 (Washington Administrative Code) and in accordance with chapter 18.19 RCW (Revised Code of Washington), the following Client Disclosure Information must be signed by both client and therapist." The State of Washington requires that you acknowledge with your signature your understanding of the information contained in this disclosure statement. You are also to be informed of the purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) which is: (A) To provide protection for the public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct. Furthermore, you are advised that, "Counselors practicing counseling for a fee must be registered or certified by the Department of Licensing for the protection of the public health and safety. Registration of an individual with the Department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment" (WAC 308-190-040-2). The State also requires that you understand that you have the right to choose a counselor that best suits your needs. Please refer to the attached pamphlet from the Washington State Department of Health: "*Counseling or Hypnotherapy Clients.*" This brochure provides you with a summary of your rights and responsibilities and a list of the acts of unprofessional conduct found in RCW 18.130.180. It also informs you of the extent of confidentiality defined by RCW 18.19.180. and provides you resources for questions and complaints. You may contact: The Department of Health, Counselor Programs, P.O. Box 47869, Olympia, Wa. 98504-7869. (360) 236-4904.

### Service Agreement

**I have read the information contained in this document and I understand the information provided. I have also been provided an identical, signed copy of this Service Agreement and Disclosure Statement. All of my questions have been answered to my satisfaction. I agree to the above stated terms of service.**

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Client's Address \_\_\_\_\_

Therapist's Signature \_\_\_\_\_ (Patrick J. Hart Psy.D.) Date \_\_\_\_\_

**If you are relying on insurance reimbursement to pay for our work together, please understand the following:**

While all of our communications are intended to remain strictly confidential, if you elect to submit my invoices to your health insurance carrier, your diagnosis, presenting symptoms and treatment history will become part of your permanent medical record. These records are sometimes accessible to third parties like insurance administrators, employers, private investigators, etc. Therefore, I cannot guarantee confidentiality of records in cases involving insurance reimbursement. I must submit required records. So, if you are relying on insurance, please be informed that I may be obligated to provide written records and verbal reports to administrators or auditors concerning your diagnoses, symptoms and course of treatment. Insurance companies routinely require discussions of your symptoms that justify "medical necessity" for our psychotherapeutic work together. Please Note → Many insurance carriers do not cover family addiction intervention services, family therapy, or "conjoint" group consultation. Because of this, I will not bill your insurance carrier directly for services that involve group and family intervention.

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**Client's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Client's Address:**  
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**Therapist's Signature** \_\_\_\_\_ **(Patrick J. Hart Psy.D.) Date** \_\_\_\_\_