



**Candace L. Washington, PhD
CandiCares, PLLC
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I am Dr. Candace L. Washington (aka "Dr. Candi"). I am pleased that you have chosen me as your psychologist. This notice is designed to inform you about my background and to ensure that you understand the nature of our professional/therapeutic relationship.

I hold a Doctorate in Counseling Psychology from The University of Tennessee at Knoxville. I am a Licensed Psychologist by the North Carolina Psychology Board, license number 2713. I am a Member of the National Register of Health Service Providers in Psychology.

Services Offered/Theoretical Approaches

Psychotherapy/counseling includes your active involvement as well as efforts to modify and/or re-adapt your thoughts, feeling and behaviors. You have to desire changes by working both in and out of the therapy sessions. There are no instant or "miracle" cures. Instead there will be homework assignments to include journal writing and readings. Most likely, you will have to work on relationships and make long-term decisions. Change is a process that can be slow and deliberate; efforts may need to be repeated.

We will work together through this process. I am flexible in my approach as I integrate the use of various modalities (including Cognitive Behavioral Therapy (CBT), Interpersonal therapy) to meet a client's individual needs. We will need to specify goals, risk and benefits of treatments, the level of commitment involved, cost and other factors regarding your particular situation. A treatment plan will be developed. Periodically, we will evaluate your progress and, if necessary, redesign the treatment plan, goals and methods. Please note that it is impossible to guarantee any specific results regarding your psychotherapy/counseling goals. However, together we will work to achieve the best possible results for you.

As with any intervention, there are both benefits and risks associated with counseling and psychotherapy. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anger, or having difficulties with others. Some changes may result in losses of relationships or perceived worsened circumstances (for example, counseling will not necessarily keep a relationship intact). Many people who come for psychotherapy/counseling are mentally "healthy", seeking direction with difficulties due to normal life events. I do not take on clients whom, in my professional opinion, have no desire to engage in therapy. I work under an optimistic view of the therapeutic relationship. I have a special interest helping individuals with depression, anxiety, identity issues, adjustment and grief related issues.

Confidentiality

The information you share with me will be held in a confidential manner. Generally, I will tell no one what you disclose to me. The privacy and confidentiality of our conversation, and my records, is a privilege of yours and is protected by state law and my profession's ethical principles. The following circumstances will prevent me from guaranteeing confidentiality, legally and ethically: 1) when I believe you intend to harm yourself or another person; 2) when I believe a child, disabled or elderly person has been or will be abused or neglected; 3) in rare circumstances, psychologists can be ordered by a judge to release information. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and usually a signed Release of Information Form.

Explanation of Dual Relationship

Although our sessions may be intimate psychologically, it is important to realize that we have a professional relationship rather than a social one. Our contact will be limited to therapy sessions you arrange with me. Please do not invite me to social events or on social internet mediums or ask me to relate to you in any other way than in the context of a therapeutic relationship. Our work will be beneficial as long as our relationship remains strictly professional and sessions concentrate exclusively on your concerns/issues. It is important to remember that you experience and relate to me in my professional role.

Length of Sessions

I assure you that my service will be rendered in a professional, consistent manner with accepted ethical standards. A **typical session hour is 45-50 minutes** in duration. We will schedule our sessions with this timeframe in mind and with mutual agreement. If we meet 60+ minutes, your insurance will be billed for an extended session.

If you are unable to keep your appointment, please call to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, you may be responsible for paying a fee of \$25 for the missed session. Remember, I set the time aside for you, so you are responsible for contacting me if any changes to this appointment are necessary.

In return for a fee of \$125.00 per individual session for 45 minutes session (\$145.00 per session for 60 minutes extended session and \$200.00 for 75 minutes initial assessment interview), I agree to provide psychotherapy/ counseling services. {Note: Couple's and Family sessions incur higher fees. A fee pricing list can be provided upon request.} Full payment or co-payment is expected at the time of service. Cash or major credit cards (such as Visa, MasterCard Discover, and American Express) are the only acceptable payment methods. NO checks accepted. Receipts of all fees will be provided upon request. A charge of \$15 will be assessed per receipt if additional receipt(s) is/are requested in future.

Business hours are typically Monday-Thursday 9am to 5pm and Friday 9am to 4pm. Additional appointments may be scheduled as needed and/or circumstances allow. Such appointments will require a non-refundable \$25 holding fee which is used towards session charges as long as you attend the appointment. If you cancel appointment less than 24 hours in advance and/or miss the appointment, the fee is not refundable.

Billing/Insurance Reimbursement

Payment is due at the time services are rendered. I accept insurance. Since policies and benefits vary greatly, contact your insurance carrier before scheduling a first appointment. Clients are responsible for charges not covered by insurance (such as copays, holding fees, deductible amount) which are payable at the time of service. If I have a contract (am "In-network" or on the panel) with the insurance company, you will need to pay your co-payment and/or deductible charge at each session. You will complete and sign a form giving consent/request of insurance reimbursement allowing me to receive payment from your insurance company for services rendered. In some cases, if you wish to seek reimbursement for my services from your health insurance company, I will be happy to complete any forms related to your reimbursement provided by you or the insurance company.

Some health insurance companies will reimburse clients for my counseling service and some will not. Those that do reimburse usually require that you pay a standard amount before reimbursement is allowed then usually only a percentage of my fee is reimbursable. You should contact your health insurance representative to determine whether your insurance company will reimburse you and what schedule of reimbursement will be used. However, please remember that you are responsible and not your insurance company for paying the fees for these services.



Health insurance companies often require that there is “medical necessity” before they will pay for services rendered. In the event a diagnosis is required; I will inform you of the diagnosis I determine before I submit it to the health insurance company. Any diagnosis made will become a part of your permanent insurance record.

Record Requests/Subpoenas

You have signed an addendum for additional Office Polices and received a copy at your first session. Please note the fees/charges and procedures for any requests of information about sessions held. Any written information will be made in summary form. Psychotherapy notes are excluded from disclosure.

If I am subpoenaed for record notes, there will be a charge of \$200 per hour for preparation and time away from office which you will be responsible to pay.

Complaint Procedures

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and productive. If you think that you have been treated unfairly or unethically by any staff or myself and cannot resolve this problem with me, you can contact the North Carolina Psychology Board at 895 State Farm Road, Suite 101, Boone, NC 28607 (828) 262-2258 for clarification of client’s rights or even to place a grievance/complaint. If you have any questions, feel free to ask me.

A copy of this signed page will be maintained in your records with CandiCares. The original copy will be given to you.

Client’s Signature

Date

Client’s Printed Name

Psychologist’s Signature
Candace L. Washington, PhD
Licensed Psychologist

Date