

Decky Fiedler, Ph.D.
2448 76th AVE SE #207, Mercer Island WA
98040 (206) 439-1762
Wash. State License #583

This information sheet answers some commonly asked questions about psychological services. It is not intended to take the place of discussion. Please ask about anything that may not be clear, or about additional issues that are important to you.

TREATMENT: Sessions involve talking about your feelings, thoughts, relationships, actions and specific problem areas. Some time will be spent hearing about your life history. Every individual is different and therefore every treatment is different; my general approach would fall under the label of "cognitive-behavioral" therapy, which means that I will provide information, feedback and suggestions as well as exploring your thoughts, feelings and life experiences. Therapy sessions generally last 50 minutes, and depending on your needs we may meet weekly or on some other agreed upon schedule. Business hours vary by day of the week, but the telephone is covered 24 hours a day by an answering service when I am out of the office. In the event of my absence, illness or death, records will go to Roland Barach, Ph.D.

BILLING AND PAYMENT: We request payment at the time of service; however, individual payment arrangements are acceptable. The cost to you for sessions varies according to insurance coverage. Co-payments are collected at each session, and statements are mailed at the end of each month. We will bill primary insurance companies, however we cannot be assured that they will cover your treatment. The patient is ultimately responsible for billing. Please refer billing questions to NW Clinical Billing at 1-800-831-3322.

CANCELLATION POLICY: When you make an appointment, that time is set aside exclusively for you. Other clients who may prefer that time are then scheduled for less convenient times. Therefore, clients will be charged for appointments that are not cancelled within 24 hours.

CONFIDENTIALITY: Sessions are confidential and privileged with the exceptions stipulated by Washington State Law. Your records cannot be released without written consent. If insurance pays part of the bill, they will require a diagnosis and possibly a report or copy of records. In order to coordinate your care, I may be in contact with your physician. Please sign here to allow me to contact your physician, Dr. _____

Client's Signature: _____

I look forward to working with you. Please sign below to acknowledge your agreement.

Client Signature: _____ Date: _____

Client Name: _____