

Manuel Gomes, MHR, MA, PhD
CLINICAL PSYCHOLOGIST

Counseling and Financial Agreement

By signing this letter I am stating that I have read and understood the "Disclosure Statement" handout provided by my counselor. This handout contains information regarding Washington State laws requirements for counseling.

At a minimum, the Disclosure Statement handout contains information such as:

- a) disclosure requirements in WAC 246-810-031;
- b) confidentiality as provided by RCW 18.19.180 (1) through (6);
- c) documentation and record-keeping requirements by WAC 246-810-035; and
- d) unprofessional conduct acts as defined by RCW 18.130.180.

In addition, my signature indicates that I have received a *Notice of Privacy Practices* describing when and how my Protected Health Information (PHI) may be disclosed. This Notice of Privacy Practices fulfills Health Insurance Portability and Accountability Act (HIPAA) requirements.

As disclosed in the Disclosure Statement for Manuel Gomes, PhD, I agree to the following Financial Agreement:

- a) I agree to be financially responsible for charges incurred whether I am signing as a patient or an agent responsible for a patient.
- b) If I am using my health care insurance, I agree that I am responsible for any costs not covered by my insurance company and that I will pay for services with 30 days of receiving a bill statement. I understand that it is my responsibility to ensure insurance coverage and benefits.
- c) I understand that a minimum monthly fee of 1% may be charged for late payment on all balances not covered by insurance.

If I have any questions regarding either the handout or Manuel Gomes' procedures now, or at any time in the future, I understand that I may speak with him about them. I have a copy of Manuel Gomes' handout.

Client's Name & Date: _____
Client's Signature: _____

Client's Name & Date: _____
Client's Signature: _____

Name and Signature: _____
Manuel Gomes, MHR, MA, PhD
WA State Licensed Psychologist