

**Anita S. Blair, Psy.D.**  
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(509) 946-9715

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## **OFFICE POLICIES AND DISCLOSURE STATEMENT**

Welcome to my practice! I appreciate the opportunity to help you. The law requires me to give you the following information describing my practice. Please read it, mark any parts that are not clear to you, and write down any questions you have for us to discuss when we meet. When you have read and understood this brochure, I will ask you to sign it at the end, and I will sign it as well. A copy will be made for you to keep at your request.

### **ABOUT CONFIDENTIALITY**

Your confidentiality (or “privacy”) and the confidentiality of the records I keep concerning you is very important. It is covered in a separate form that you will receive titled “Notice of Privacy Practices Regarding Protected Health Information”. Please read it carefully and keep it.

I also ask you not to reveal the name or identity of any other client being seen in this office. Likewise, because of confidentiality, I will not reveal that you are receiving evaluation or treatment from me. This means that if we meet on the street or socially, I may not say hello unless you greet me first.

### **WHAT TO EXPECT FROM OUR ASSOCIATION**

I follow the standards of the American Psychological Association, which, in your best interests, limits the relationship between provider and client. These standards state that I cannot, now or ever, be a close friend, socialize, or have an intimate physical relationship with any of my clients. I cannot be an evaluator or therapist with someone who is already a friend or have a business relationship with you outside of our evaluation and treatment work.

### **MY PROFESSIONAL QUALIFICATIONS**

I am a doctor of psychology who is licensed as a Psychologist (#PY2967) in Washington State. I have also completed specialty training in neuropsychology in accordance with the most stringent recommendations in the field. These recommendations advise advanced training beyond a doctoral degree in the relation between brain function and behavior, particularly as it relates to people with brain illnesses and injuries. This intensive training is usually acquired through a 1-2 year post-doctoral fellowship. My fellowship was completed at the Veteran’s Administration hospitals in Seattle and American Lake with joint supervision and training from University of Washington faculty. I am a member of several professional associations that provide ongoing education to psychologists and neuropsychologists.

Prior to training in psychology, I practiced as a licensed registered nurse (#RN74054) with twenty years of experience in psychiatric nursing. I can inform you about

psychological practice and will review your medical records and history in detail. I cannot, however, advise you about issues of law, social work, medicine or any other profession outside of my previous training. I do not prescribe medication or medical tests and cannot admit you to a hospital. I do work closely with the other professionals at the Clinical Neuroscience Center as well as local physicians and will be happy to provide referral information to you. In general, I welcome and encourage collaboration with your current primary care provider and specialists but will not disclose information about you without your written authorization.

Although I share office suite space and benefit from consultation with another psychologist, a physician, an ARNP and therapists at the Center, each of us works independently and each alone is responsible for the quality of care he or she provides to their clients.

### **ABOUT OUR APPOINTMENTS**

All visits are by appointment only. I generally see patients between the hours of 9:00 am and 5:00 pm, Monday through Friday. An appointment is a commitment to work together. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding, as I sometimes have emergency contacts. I assure you, you will receive the full time agreed upon. If you are late, I will accommodate you to the extent that I have flexibility in my schedule. It is possible that I will not be able to meet with you for the full time. If you are more than 30 minutes late it is likely our appointment will be rescheduled. When an illness leads to a doctor or hospital visit, or when weather is severe enough to close schools in our area, I will not charge for a missed appointment. Unfortunately, I cannot excuse other illness or car problems.

**Cancelled and missed appointments:** When you must cancel or change an appointment, please give me at least 48 hours notice. Appointments for cognitive assessments are lengthy. If you miss or cancel late without sufficient reasons for short notice and I am unable to fill the appointment, there will be a charge to you for the time lost. In an effort to help you avoid fees for missed appointments or late cancellations, our office offers to call you the business day before your appointment to remind you of your appointment time. These calls are usually made between the hours of 10am and 5pm. If you provide a telephone number to call to remind you of an appointment, you are giving permission to make a reminder call to you at the number provided. You also authorize us to identify our office and leave the date and time of your appointment on an answering machine or with any individual who answers the telephone if you are not available. The only information that would be given is the name of the staff member making the call, Dr. Blair's name, the appointment date, the appointment time, and a return phone number. No other private health information will be given out. If you do not wish to receive a reminder phone call, please indicate below

**Please do/ do not (*circle one*) give me a reminder call for scheduled appointments.**

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Name of client or representative

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Date and contact phone number

Please do not bring young children with you to your appointment. The Clinical Neuroscience Center cannot provide supervision and the topics in our appointment are inappropriate for them to hear or participate in.

### **FEES, PAYMENT AND BILLING**

**Clinical rates:** I charge \$225 per hour for an initial interview and \$150 per hour for other professional time. This includes time spent with you and your informant/family member, time spent reviewing medical records, scoring and interpreting testing results, writing reports and notes, consulting with you and others in person or by telephone, institution or home visits where required, and other professional activities. The amount of time needed for an assessment depends on the questions the evaluation is intended to answer. There is no charge for calls about appointment times, billing, etc.

**Legal Consultation:** Forensic neuropsychological assessments and consultation are billed at \$190 per hour. Depositions and court testimony are billed at \$375 per hour. Travel is \$100 per hour.

**Health Insurance Coverage and Payments:** I am an in network provider for Premiera/Blue Cross and will bill them for my services on your behalf. I also contract services with Labor and Industries, Division of Vocational Rehabilitation and Social Security. For clients with other insurance coverage, I will provide an itemized bill that you may submit for reimbursement of your payment for my services. I do not decide what your insurance covers or what percentage of my fee they agree to reimburse. Your insurance contract is between you and your company; it is not between me and the insurance company. You are ultimately responsible for paying the fees we agreed upon. You are also responsible for checking your insurance coverage, deductibles, payment rates, copayments, etc., *before* my services are provided so you are well informed about your ability to pay for the services you are requesting.

My fees involve a substantial amount of money. However, they are in line with the fees of other neuropsychologists and help defray the significant expense of specialized training in this field. If you are not covered by insurance and cannot afford to pay, I may be able to make other arrangements. Please discuss this with me. If you have trouble with paying your bills on time or questions about my charges, my billing, insurance or other money matters, please discuss these concerns with me.

### **EMERGENCIES**

If you have a medical emergency, call 911. If you engage in therapy with me and have an emotional crisis, please call the Clinical Neuroscience Center at (509) 946-9715 and ask for me identifying your call as emergent. For all other clients or after office hours, please contact the Crisis Response Unit at (509) 783-0500.

**CONSUMER RIGHTS AND RESPONSIBILITIES**

**Principles and Complaint Procedures:** I follow the rules of the American Psychological Association (APA) and Washington Administrative Code pertaining to psychologists. If you are dissatisfied with my work, or feel that I have treated you unfairly or broken a professional rule, please tell me. I will make every effort to hear your complaints and seek solutions. You can also report complaints to the Washington State Psychological Association Ethics Committee or the Examining Board of Psychology of Washington State at (360) 753-2147.

**Non-Discrimination:** It is a personal commitment as well as legal requirement not to discriminate against clients because of age, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you suspect or believe you have been discriminated against, please bring this matter to my attention immediately.

**Consultations:** If you could benefit from an evaluation or treatment I cannot provide, I will take steps to help you get it. You can ask me about such other treatments, their risks, and benefits and I will inform you to the best of my knowledge. I often recommend a medical examination or use of medication and will discuss my reasons with you, so you can decide how to proceed. As stated above, if you are treated by another professional, I will coordinate my services with them and with your medical doctor.

*My signature below indicates that I have read Dr. Blair’s Office Policies and Disclosure Statement. I have discussed those points I did not understand and had my questions fully answered. I agree to these policies and, agree to give Dr. Blair permission to communicate with the professional who referred me. If I have discussed contact with my insurance company regarding potential benefit coverage, I give Dr. Blair permission to release information as necessary to verify benefits, seek accommodations or obtain payment for services. I understand I can request a copy of this form.*

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Signature of person acting for client

\_\_\_\_\_  
Printed name/s

\_\_\_\_\_  
Date

*My signature below indicates that I have received and read Dr. Blair’s Notice of Privacy Practices Regarding Protected Health Information.*

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Signature of person acting for client

\_\_\_\_\_  
Date

I, Dr. Blair, have met with this client and /or his/her representative, informed him/her of the issues in this brochure, and responded to his/her questions. If my observations of this person's behavior and responses give me some reason, in my professional judgment, to believe that this person may not be fully competent to give informed and willing consent, I have also/instead obtained the consent of his/her representative, who does appear to be fully competent to give informed and willing consent. If the client and/or representative is unable or unwilling to read this form, it has been read or explained in his/her language of preference. I agree to act according to the points covered in this brochure, as shown by my signature here.

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Anita S. Blair, Psy.D.

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Date

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