



Washington Patient–Therapist Services Agreement

Effective date: October 1, 2026

Patient name: _____ DOB: _____

Therapist name/credential: Jasmine Girgenti, LICSW

WA license number: SWI.LW.70063132

Practice address: 32020 1st Avenue South Ste 101 Federal Way, WA 98003

Scheduling phone: 253-600-4965

Office hours: Monday- Friday 8:00 am – 4:00 pm

1. Parties and services

This agreement is between the patient named above and the named therapist providing outpatient psychotherapy through CloverHope Mental Health Services (“Clinic”). The Clinic administers scheduling and billing. Services are governed by applicable Washington and federal law, the therapist’s license requirements, professional standards, and applicable payer contracts. Therapy involves assessment, collaborative treatment planning, and psychotherapy within the therapist’s scope of practice. Benefits are possible, but results are not guaranteed; discussing difficult experiences may temporarily increase distress. This agreement does not include _____ prescribing _____ or _____ emergency _____ services.

2. Therapist disclosure and treatment plan

Education and relevant training: Master of Social Work and Public Administration

Treatment methods: varies by case

Anticipated session length, frequency, and course of treatment: 60 minutes

If the therapist is an associate: credential / approved supervisor and contact: N/A

The therapist will explain the proposed care, material risks, alternatives, and progress, and provide clinically appropriate, respectful care. The patient may ask questions, decline treatment, request another treatment approach or practitioner, or discontinue therapy. Required disclosures must be completed and supplied before treatment begins.



3. Session fees and payment

Self-pay rates: Initial assessment: \$250 for 60 minutes. Follow-up: \$200 for 60 minutes. Other agreed services and rates: Varies by insurance coverage

Self-pay session fees and lawful insurance copayments are due on the date of service. Deductibles, coinsurance, and other lawful patient responsibility are due within 30 calendar days after an itemized statement. Insurance estimates are reconciled to the insurer's determination. The patient must provide accurate insurance information and notify the Clinic of changes. Only amounts legally chargeable under applicable law and payer contracts will be billed. Insurer delays or provider billing errors will not be treated as patient nonpayment. Medicare/Medicaid protections, including applicable Qualified Medicare Beneficiary restrictions, control. Advance payments, if any. Unused advance payments will be refunded within 30 days after reconciliation, subject to lawful offsets. A separate authorization is required for automatic card charges. Self-pay patients will receive a good faith estimate when required.

4. Cancellation, rescheduling, and \$100 missed-appointment fee

Call the scheduling number above to cancel or reschedule at least 48 hours before the scheduled start time. This means 48 actual hours, including weekends and holidays. If staff are unavailable, leave a timestamped voicemail with your name, appointment date/time, and callback number; the voicemail time counts as notice. Appointment reminders are a courtesy, and patients remain responsible for scheduled visits.

A \$100.00 fee applies to an appointment missed without notice or canceled or rescheduled with less than 48 hours' notice, only where lawful and permitted by the applicable payer contract. A no-show means the patient does not attend and cannot participate in a clinically appropriate session. Late arrival alone does not automatically trigger the fee; the therapist will determine whether the remaining time permits appropriate care. No missed appointment fee is billed as a treatment service or submitted to insurance. No fee applies when the Clinic cancels or Clinic about technical problems to prevent a telehealth visit.

The policy applies consistently to cash/self-pay, commercial insurance, and Medicare, where permitted. Medicare does not pay missed-appointment fees. Medicare Advantage and commercial plan restrictions apply. Washington Apple Health/Medicaid patients, including patients with both Medicare and Medicaid, will not be charged this fee. WAC 182-502-0160(9)(b) prohibits charging for missed, canceled, or late appointments regardless of a signed agreement. No deposit, third-party charge, or relabeling of the fee will be used to bypass that prohibition.



5. Justifiable exceptions and accommodations

The Clinic will waive an otherwise permitted fee for a verified medical emergency, hospitalization, or other documented circumstance reasonably preventing attendance or timely notice. Contact the Clinic as soon as reasonably possible, preferably within seven calendar days, and provide reasonably available support, such as a medical certificate confirming the relevant date and inability to attend; a diagnosis is not required. Additional time or alternative verification will be considered when documentation cannot reasonably be obtained. Disability-related barriers, emergencies, and reasonable accommodation requests will receive individual review. Excused appointments do not count toward the attendance threshold below.

6. Repeated missed appointments and scheduling holds

After two unexcused no-shows or late cancellations within a rolling six-month period, the Clinic will issue an attendance warning and discuss barriers and accommodations. After a third within that period, the therapist may remove the recurring appointment slot and place routine scheduling on hold pending a clinical and attendance review. This attendance policy applies to all patients, including Apple Health/Medicaid patients, subject to applicable access requirements and payer contracts. Reinstatement may require an agreed attendance plan or a different appointment arrangement. No hold begins automatically; the safeguards in Section 8 apply.

7. Nonpayment and scheduling holds

When a verified, legally collectible patient balance reaches \$200.00 or more and has remained unpaid for at least 30 calendar days after an itemized statement, routine scheduling may be placed on hold only after written notice and at least 14 additional calendar days to pay, dispute the balance, or arrange an affordable payment plan. A patient complying with an agreed payment plan will not be held for that balance. Financial hardship and disputed charges will receive individual review before a hold. Pending insurer payments, prohibited charges, and amounts to the patient is legally protected from paying do not count toward the threshold. Apple Health/Medicaid covered care will not be conditioned on payment of a prohibited fee or balance. These dollar and attendance thresholds are Clinic policy, not thresholds required by Washington law.



8. Continuity of care and ending services

Before a hold or termination, the therapist will assess clinical risk, discuss reasonable alternatives and accommodations, and follow applicable professional duties and payer requirements. The Clinic will ordinarily provide at least 30 calendar days' written notice before ending an established treatment relationship, together with appropriate referrals, interim care arrangements when clinically necessary, and instructions for urgent needs. A scheduling hold must not interrupt clinically necessary transition of care or create patient abandonment. Immediate threats may require immediate safety measures and alternative care arrangements. Records will not be withheld by another treating provider solely because of an unpaid balance. Restarting routine services requires clinical appropriateness and resolution of the attendance or payment of concern through payment, an approved plan, correction of the balance, or an applicable exception.

9. Patient–therapist relationship and expectations

The patient agrees to attend reliably, communicate honestly about symptoms and safety concerns, participate in mutually agreed goals, discuss barriers to treatment, and provide current contact information. Participation does not require agreement with every recommendation. Patients and staff must communicate respectfully; threats, harassment, violence, and sexual misconduct are unacceptable. Sessions require sufficient sobriety and ability to participate safely. The therapist maintains professional boundaries; the relationship is therapeutic and does not include personal, romantic, sexual, or exploitative relationships. No recording by either party without prior mutual consent. The patient may raise concerns, refuse treatment, and seek another provider without retaliation.

10. Confidentiality, telehealth, and emergencies

Information is protected under applicable Washington confidentiality laws, including chapter 70.02 RCW, and HIPAA when applicable. Disclosure may occur with valid authorization or as permitted or required by law, including mandatory abuse/neglect reporting, applicable duties to protect against serious threats, lawful court processes, and permitted care or payment activities. The therapist will explain relevant limits and provide the applicable privacy notice. For minors, consent, parental access, and confidentiality follow Washington law; a parent's signature does not eliminate a minor's lawful rights. Telehealth requires separate informed consent when applicable, a private setting, current physical location, and an emergency contact; the therapist must be authorized to practice where the patient is located.



Routine calls/messages are reviewed during office hours and are not continuously monitored. Expected routine response time: 1-3 business days. For immediate danger or a medical emergency, call 911 or go to the nearest emergency department. For a mental health crisis, call or text 988.

11. Washington rights and complaints

Patients may contact the Washington State Department of Health, Health Systems Quality Assurance, to obtain information about acts of unprofessional conduct under RCW 18.130.180 or file a professional complaint. Complaint contact: 360-236-4700; HSQAComplaintIntake@doh.wa.gov; complaint mailing address: P.O. Box 47857, Olympia, WA 98504-7857. Website: <https://doh.wa.gov/licenses-permits-and-certificates/file-complaint-about-provider-or-facility>. The patient retains all applicable statutory, confidentiality, nondiscrimination, and complaint rights.

12. Agreement and signatures

I have received a copy of this agreement and the completed therapist disclosure information, have read and understand them, and have had an opportunity to ask questions. I consent voluntarily to the agreed services and accept only fees that may lawfully be charged. My signature does not waive patient rights, authorize prohibited billing, or release the therapist or Clinic from responsibility for negligent or unlawful conduct. Conflicting provisions yield applicable law and payer requirements; remaining lawful provisions remain effective. Material changes will be disclosed in writing before they apply and acknowledged as required.

Patient signature: _____ Date: _____

Parent / authorized representative, if applicable: _____

Authority / relationship: _____ Date: _____

Therapist signature: **Jasmine Guanzon Girgenti, LICSW** Date: _____



Implementation notes — Clinic use only

Draft prepared October 5, 2026. Complete all blanks and confirm the therapist's credential, supervision status, actual service rates, contact details, and each payer's requirements before use. Obtain Washington healthcare counsel review; no agreement can guarantee protection from legal claims. This draft target therapist regulated under chapter 18.225 RCW; other credentials may require different disclosure provisions. The proposed three-event attendance threshold, \$200/30-day balance threshold, 14-day payment notice, and ordinary 30-day termination notice are Clinic policy choices, not universal statutory requirements.

Confirm and document that the \$100 fee reasonably reflects reserved appointment time and anticipated loss and apply permitted fees and exception decisions consistently. Keep the patient-facing agreement separate from this implementation page. Maintain signed copies and document notices, exceptions, billing disputes, accommodations, risk review, and transition arrangements.

WAC 182-502-0160(9)(b), Apple Health billing restrictions:
<https://app.leg.wa.gov/wac/default.aspx?cite=182-502-0160>

CMS Transmittal 1279, Charges for Missed Appointments:
<https://www.cms.gov/files/document/r1279cppdf>

WAC 246-809-700 and 246-809-710, therapist disclosures:
<https://app.leg.wa.gov/wac/default.aspx?cite=246-809-710>

Washington DOH complaint forms/contact: <https://doh.wa.gov/licenses-permits-and-certificates/file-complaint-about-provider-or-facility/complaint-forms>