

Jen Sachek Ph.D.  
Licensed Psychologist

Welcome to River Valley Psychological Services. This letter is intended to provide information about your rights and responsibilities when receiving psychological services, and about my background and approach to assessment and therapy.

**Background and Approach**

I completed my doctorate in clinical psychology at Michigan State University in 2007. I practiced as a licensed psychologist in Michigan before joining RVSP in 2016. I am a licensed psychologist in the state of Washington (PY60676698). From a therapeutic standpoint, I help adolescent and adult clients with a variety of different problems, including depression, anxiety, life transitions, relationship difficulties, grief and loss, and trauma. I work with clients in a warm, collaborative environment to identify areas when they are struggling and to find ways to create change in those areas. My approach involves helping clients improve self-awareness and develop better ways to cope with their emotions. I draw on my training and experience in selecting treatment strategies that are geared towards each specific client's needs.

I also specialize in psychological assessment of ADHD, autism spectrum disorders, personality, and mood and anxiety disorders across the lifespan. I have experience using a range of cognitive, academic, behavioral assessment, and personality (self-report and projective) measures appropriate for individual clients and referral questions.

**Fees**

My fees are comparable to those of other psychologist in the area. Each therapy session lasts approximately 45-50 minutes. For psychological assessment, we will meet for an initial consultation and determine the length of the testing session(s) at that point. My office staff can provide you with fees for the initial consultation/patient registration and for ongoing treatment sessions. Based on the referral questions, office staff can also provide you with an estimate of the fees for psychological assessment. Payment (including deductible or co-payment) is due at the time of service. Overdue accounts will be sent to a collection agency unless a negotiated payment plan is adhered to.

**Privacy and Confidentiality**

Your rights regarding use and disclosure of healthcare information are in accordance with the Health Insurance Portability and Accountability Act (HIPAA). All information discussed in the course of therapy

is strictly confidential. Specific information can only be released with your prior written consent (or the consent of your parent or legal guardian). I may ask for written permission to share information with certain entities to facilitate the appropriate coordination and care. However, please be informed of the following situations in which I may be required ethically and/or legally to release information otherwise regarded as confidential: (1) when a person is in immediate danger to themselves and others; (2) in case of suspected abuse or neglect of children or vulnerable adults; and (3) when the records are subpoenaed by a court of law. In addition, I may need to exchange information with your medical providers as necessary for treatment and for reimbursement by third-party payers (such as insurance companies if you are using your health insurance to help pay for the cost of my services).

### **Appointments and Contact Information**

Out business office is open Monday through Friday from 9:00 A.M. to 5:00 P.M. Outside of these times you may leave messages (425-228-5336). If you have an emergency after office hours, please call our answering service (425-228-5336; press “0” to speak with the clinician on call). If you are experiencing an immediate crisis and you are unable to maintain your safety, call 911 or go to the nearest emergency room.

My clinical hours vary Monday through Friday. Appointments can be scheduled by calling me or my office staff. Please do not use e-mail to cancel or reschedule an appointment. If there is a need to cancel, please give me at least one business days’ notice. Appointments missed or cancelled without this advanced notice will be charged up to the full appointment fee. Insurance companies will not pay for missed or cancelled appointments and you will be responsible for these charges.

Please feel free to ask me any questions you might have about the information in this letter or about our work together. I look forward to meeting with you

Jen Sachek Ph.D.

Your signature below indicates that you have read the information in this disclosure statement and agree to its terms during the course of your treatment.

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Signature

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Date