



## Informed Consent

### What to expect from psychotherapy/counseling

- Your first session lasts about one hour and is called an Intake or Assessment. Background information will be gathered with and without parent present. At this first Intake session, we will determine how therapy can best help you and focus on main issues. It is recommended you come once a week to every other week to start and try at least 3 sessions to see if it is a right fit for you. In some situations, having sessions once a month is acceptable but should be discussed beforehand. Sessions typically last 50 minutes to 1 hour, with the first session often over one hour.
- The Process of Psychotherapy. Therapy is a way of talking through your problems in order to begin resolving them. Individuals, youth, and parents will need to take an active part in therapy by working on and thinking about your issues. Psychotherapy has been shown to have many benefits and gains are made through even the smallest steps *at each session*, whether it is increased awareness or notable change in functioning. Discomfort and resistance is even a step to change. I will encourage you to view and honor your steps and gains. However, there are no guaranteed results and change may not happen as quickly as you expect. My method of “leap frogging” sessions is a way to maintain focus and follow up on prior session and progress, and plan for next session. Sometimes you will be given therapy “homework,” such as different behaviors to try out. Your work in psychotherapy may lead to feeling less distress, identifying patterns that lead to unhappiness, better relationships and solutions to problems. Because of these risks and benefits, it is important that we communicate how you feel your therapy is proceeding.
- Therapy ends when we decide jointly that the goals of therapy have been met. It is your right to end therapy at any time. I have an ethical responsibility to end treatment if I believe you are not benefitting from the process. In this case, I will make every effort to help you find appropriate care, which may include referral to another therapist or program.
- I perform a comprehensive assessment based upon complete history, direct observations, and collaboration with other professionals as appropriate. I use standardized testing when clinically indicated. If, however, in-depth intellectual, psychoeducational, or neurological testing is indicated, I will recommend a referral to professionals with specialized expertise in these areas.
- We will develop an ongoing treatment plan based upon 2-3 main areas of focus. Goals and progress will be regularly assessed in session.
- Please inform me if you would like therapy services for the primary or underlying purpose of providing information to court. So that I can provide focused, meaningful, and effective services, I request not to provide documentation to court, however I would be happy to consult with probation officers or county workers.

### Financial Policy: Insurance Reimbursement or Sliding Fee

Services are billed in the name of the person who is the focus of services. We will discuss payment arrangements at the first session. I request copays at time of session via check or cash. I will submit your insurance claim and will bill you if there is any coinsurance or deductible. The person responsible for payment will receive a monthly bill if there is a balance due. Divorced parents need to arrange billing address ahead of time.

My fees range from sliding scale for uninsured/underinsured to \$125 - \$160 per session.

**Insurance Reimbursement: Prior to session, be clear on your or your child’s mental health coverage for family, individual, parent-only sessions and any pre-authorizations, deductible, coinsurance, and copays.** I have service contracts with selected insurance companies who pay all or a portion of these fees according to your specific contract. Even if I do not have a contract with your insurance company, they will likely honor a claim made for services I provide as an “out-of-network” provider.

*Ultimately, it is up to you to know your coverage benefits as the recipient, so please be clear on this to avoid conflict with payment for service.* If your insurance plan or company changes, please notify me prior to this change. If insurance denies your claim, we can resubmit but you are responsible for the full fee. All insurance companies require that I provide a diagnosis.

**Sliding Fee:** If the client is uninsured or underinsured, a sliding fee can be discussed. All or a portion is due at time of service.

**Payment options:** Check or cash. No credit cards, sorry.

### Appointment Scheduling and People Who Attend:

You and I will discuss how often we will meet. I request that parents attend at least every third session with their child for at least ½ of session. If you need to cancel, please notify me as soon as possible so I can fill this unused appointment time and as courtesy to others on waitlist. If a child is ill, then a parent can attend session in place of child.

### **Cancellation policy**

Missed sessions or sessions canceled with less than 24 hour notice will be charged \$50, unless we both agree that you were unable to attend due to circumstances beyond your control. If your child cannot attend, I recommend parents attend in place of the child. Children who miss or late cancel due to poor planning or refusal to attend could arrange payment of \$50 with their parents. If you reschedule for the same week or day, I can waive the late fee. Although not common for me, if I must cancel/reschedule your session, I will make every effort to give at least 24 hour notice and plan ahead. If bad weather, please be reminded that roads to my office are well maintained as main thoroughfares and warm tea/coffee awaits you!

### **Protecting your privacy**

Protecting your privacy and your medical information is my priority and my duty. I recognize my obligation to keep your information secure and confidential whether on paper, verbally, or through Internet.

- Your records, or your child's records, are treated as private and confidential. These records are legally my property and are securely maintained in a locked filing cabinet. Email is not considered confidential and will be used to communicate brief and general messages. Information in your/your child's file can be released to a third party only with your written consent with Release of Information from my office. I will typically then have brief verbal consult, or release case notes, assessment or discharge summary.
- If insurance is billed for services, I will need a signed release to exchange information with your insurance company. I must provide certain information such as mental health diagnosis, verify eligibility, obtain authorization, and process claims. Sometimes, insurance companies request my verbal or written client status and may request records such as treatment plan.
- I specifically request to stay out of any court proceedings, such as divorce or custody. A court order or subpoena requires that I release records, however I still only provide limited information.
- For minors under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is my policy to request an agreement from parents that they consent to give up access to your records. If they agree, I will provide them only with general information on how your treatment is proceeding unless I feel that there is a high risk that you will seriously harm yourself or another, in which case I will notify them of my concern. I can also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you and will do the best I can to resolve any objections you may have about what I am prepared to discuss.
- A detailed Notice of Privacy Practices is provided at your intake session.

### **Coordination of Services/Working with Other Provider**

I am dedicated to providing coordinated services with primary care physicians and other professionals (teachers, etc.) that are part of your family and/or child's care team when it's appropriate and relative to therapy. Your permission is necessary to allow this coordination and a Release of Information (ROI) form to exchange information will be signed by parent and child. I limit verbal information I give to other professionals, in order to protect your privacy.

### **Mandated Reporting**

Like other professionals who help people, I am a mandated reporter. I am required by law to report to county or police if I suspect that you and/or your child(ren) has been victim to or perpetrated abuse, neglect or endangerment, or if a parent suspects this of their child. I am also required to report if I suspect you are of danger to yourself or others. This includes some cases when a child is exposed to weaponry or is physically threatened and/or used as a weapon and if a woman is pregnant and using a controlled substance. If someone is suicidal, all guns and other methods must be securely locked or removed from the home or I will inform authorities of this danger.

### **Contacting Me**

Feel free to contact me at any time. If I am in session with a client, I will not take phone calls. I will return your call as soon as possible and sometimes access messages on non-office days. I will let you know if I am gone for an extended period of time and we will discuss a backup plan. I prefer not to communicate via email, as this is not considered confidential, but can give brief and general responses. **If you have an emergency, call 911 and police can send a contracted mental health mobile unit to your home.**

### **My Credentials and Background**

I have a 4 year bachelor degree in Social Work from Augsburg College and a 2 year Master's Degree from St. Thomas/St. Catherine's joint program. I have been working directly with youth and their parents since 1992, yielding over 20 years of experience. I have worked inner city, suburban, and in rural settings with people from various cultural, ethnic, socioeconomic, lifestyle, and religious backgrounds. My areas of recognized competencies include children, adolescents and adults.