

This form is called a Consent for Services (the "Consent"). Your therapist ("Provider") has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

THE THERAPY PROCESS

Therapy is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means that you will follow a defined process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their Provider. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

Therapy begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. Second, you will discuss what to expect during therapy, including the type of therapy, the length of treatment, and the risks and benefits. Third, you will form a treatment plan, including the type of therapy, how often you will attend therapy, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular therapy sessions at your Provider's office or through video, called telehealth. Participation in therapy is voluntary - you can stop at any time. At some point, you will achieve your goals. At this time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future.

IN-PERSON VISITS & SARS-CoV-2 ("COVID-19")

When guidance from public health authorities allows and your Provider offers, you can meet in-person. If you attend therapy in-person, you understand:

- You can only attend if you are symptom-free (For symptoms, see: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>);
- If you are experiencing symptoms, you can switch to a telehealth appointment or cancel. If you need to cancel, you will not be charged a late cancellation fee.
 - You must follow all safety protocols established by the practice, including:
 - Following the check-in procedure;
 - Washing or sanitizing your hands upon entering the practice;
 - Adhering to appropriate social distancing measures;
 - Wearing a mask, if required;
 - Telling your Provider if you have a high risk of exposure to COVID-19, such as through school, work, or commuting; and
 - Telling your Provider if you or someone in your home tests positive for COVID-19.
 - Your Provider may be mandated to report to public health authorities if you have been in the office and have tested positive for infection. If so, your Provider may make the report without

your permission, but will only share necessary information. Your Provider will never share details about your visit. Because the COVID-19 pandemic is ongoing, your ability to meet in person could change with minimal or no notice. By signing this Consent, you understand that you could be exposed to COVID-19 if you attend in-person sessions. If a member of the practice tests positive for COVID-19, you will be notified. If you have any questions, or if you want a copy of this policy, please ask.

TELEHEALTH SERVICES

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

- Risks
- Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards.
- Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions.
- Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.
- Benefits
- Flexibility. You can attend therapy wherever is convenient for you.
- Ease of Access. You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.
- Recommendations
- Make sure that other people cannot hear your conversation or see your screen during sessions.
- Do not use video or audio to record your session unless you ask your Provider for their permission in advance.
- Make sure to let your Provider know if you are not in your usual location before starting any telehealth session.

CONFIDENTIALITY

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions.

- Your Provider may speak to other healthcare providers involved in your care.
- Your Provider may speak to emergency personnel.

- If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first, and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your Provider may not keep your personal information confidential.
- If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.
- If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
- If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.

If you see your therapist outside of the therapy office, she will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to your therapist. However, if you acknowledge your therapist first, she will be more than happy to acknowledge you.

It may be helpful to meet with your therapist individually when you are attending couple or family therapy. If individual sessions are scheduled, no confidences will be held by the therapist. Your therapist reserves the right to use her best judgement to share pertinent information, or will ask the individual to share the information, keeping in mind the best interest of the couple or family. For information to be shared between your therapist and other members of the partnership or family, I require a signed release of information from all parties. When children are being seen by the therapist, the custodial parent(s) will be informed of their child's progress for children under the age of 18. In case I am suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, I have designated a colleague who is a Licensed Marriage and Family Therapist as my professional executor. If I die or become incapacitated, my professional executor will be given access to all of my client records and may contact you directly to inform you of my death or incapacity; to provide access to your records; to provide psychological services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, I will be glad to discuss them with you.

RECORD KEEPING

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. These records include your therapy session notes, diagnostic intake, treatment plan(s), and contact notes between you and the therapist. The file may also include other documentation such as a family genogram, inventories, itemized receipts, letters, etc. You have a right to have access to your records as provided in Minnesota Statutes, sections 144.291 to 144.298, except as otherwise provided by law or prior written agreement. Your records are maintained in an electronic health record provided by

TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

COMMUNICATION

You decide how to communicate with your Provider outside of your sessions. You have several options:

- Texting/Email
- Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method. The emails, texts, and calls exchanged will be included in your file.
- Secure Communication
- Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.
- Social Media/Review Websites
- If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy.
- Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.
- If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

GOOD FAITH ESTIMATE

Effective January 1, 2022, a ruling went into effect called the “No Surprises Act,” which requires mental health practitioners to provide a “Good Faith Estimate” (GFE) about out-of-network care to any patient who is uninsured or who is insured but does not plan to use their insurance benefits to pay for health care items and/ or services.

The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your mental health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment.

You are entitled to receive this “Good Faith Estimate” of what the charges could be for psychotherapy services provided to you. While it is not possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person upon the initiation of psychotherapy, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

The fee for a traditional **50-minute psychotherapy session** (in-person or via telehealth) is **\$150**. The rate for the intake (first) appointment is \$250. The rate for sessions 61 minutes to 90 minutes is \$225. The rate for sessions 91 minutes to 120 minutes is \$300. Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your individual needs and preference. It is also important, when determining your total estimate, to take into consideration vacations, holidays, emergencies, and sick time.

You may project any potential future cost(s) by multiplying the session fee of **\$150** by the total number of sessions. This will result in your total estimated cost for mental health service(s).

For example, \$150 session fee X 4 sessions = \$600.

If you attend therapy for a longer period, your total estimated charges will increase according to the number of visits and length of treatment.

We are providing you with this good faith estimate based on the information the clinician has available at this time and actual items, services, or charges may differ from this good faith estimate as treatment progresses. Here is a chart of typical fees for services the practice provides that will be in effect for January 1, 2025 through December 31, 2025. Please note that these fees are the same for both in-office services and for telehealth services.

FEE POLICY

You may be required to pay for services and other fees. Your Provider's rate is \$150/session. You will be provided with these costs prior to beginning therapy, and should confirm with your insurance if part or all of these fees may be covered. You should also know about the following:

- No-Show and Late Cancellation Fees (\$150)
- If you are unable to attend therapy, you must contact your Provider before your session.

Otherwise, you may subject to fees outlined in your fee agreement. Insurance does not cover these fees. At least 24-hour notice is required via email, phone/voicemail, or text to cancel or reschedule your appointment or you will be charged \$150.

- Balance Accrual
 - In addition to the session fee, the client will be charged \$20/per week for each fee that is not received at the time of session. Fees are considered late if the therapist does not receive the fee at the time of the session.
 - The client will be charged \$30 fee for a returned check, in addition to other charges that may apply.
 - Telephone conversations longer than 10 minutes will be charged a prorated hourly fee.
 - The client will be charged \$150 or the full amount of the session for missed appointments or for canceled appointments that occur without a 24-hour notice.
 - If the client accrues a balance of \$450 or more, all future appointments will be canceled until a plan for payment has been created or payment has been received in full.
 - Full payment is due at the time of your session. If you are unable to pay, tell your Provider. Your Provider may offer payment plans or a sliding scale. If not, your Provider may refer you to other low- or no-cost services. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.
- Administrative Fees
 - There is a charge for a written report of files based on an hourly fee structure. Your therapist will give you a 30-day notice if fees are charged. In court cases, you are encouraged to pass information on to lawyers and the court through written reports, which can be generated by your therapist at the hourly fee rate. If your therapist is asked to do a deposition or appear in court, the fees are \$350 per hour plus a mileage fee of \$0.75 per mile. Payment is due in advance.
- Insurance Benefits
 - Before starting therapy, you should confirm with your insurance company if:
 - Your benefits cover the type of therapy you will receive;
 - Your benefits cover in-person and telehealth sessions;
 - You may be responsible for any portion of the payment; and
 - Your Provider is in-network or out-of-network.
- Sharing Information with Insurance Companies
 - If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.
- Covered and Non-Covered Services
 - When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.
 - When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount. At your request, your Provider will provide you with an itemized receipt or "superbill" to be submitted to your insurance company for possible out-of-network coverage.

- Payment Methods
- The practice requires that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

COMPLAINTS

If you feel your Provider has engaged in improper or unethical behavior, you can talk to them, or you may contact the Minnesota Board of Marriage and Family Therapy by calling 612-617-2220 or writing a letter to 2829 University Ave SE Suite 400 Minneapolis, MN 55414, or filling out the form at

https://mn.gov/boards/assets/Complaint%20Registration%20Form%20-%20AUGUST%202019%20-%20CURRENT_tcm21-399124.pdf#False your insurance company (if applicable), or the US Department of Health and Human Services by calling 651-757-1800 or 1-800-657-3506, emailing ombudsman.mhdd@state.mn.us, faxing 651-797-1950 or writing a letter to The Office of Ombudsman for Mental Health and Developmental Disabilities
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