Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Policies and Practices to Protect the Privacy of Your Health Information for use and disclosure of PHI for treatment, payment and health care operations. The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is important that you read them carefully. We can discuss any questions you have.

RISKS AND BENEFITS OF COUNSELING
Psychotherapy is not easily described. There are multiple theories and techniques that I may employ to help you improve the quality of your life. Psychotherapy is not like a medical doctor visit. It requires active participation and effort on your part in order for it to be successful. Therapy is most effective when you choose to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant or painful aspects of your life, you will likely experience uncomfortable feelings such as sadness, guilt, anxiety, anger, and frustration at times. Unfortunately, this is a necessary part of the process in order to receive the benefits of therapy. Therapy usually leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees, however, of what you or your child will experience. With children, it is often the case that behavior gets worse before it gets better, but that is often a sign that we’re on the right track.

Our first 1-2 sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you recommendations and if you decide to continue with therapy, we will devise a mutually agreed upon treatment plan. A standard initial frequency of therapy is one session per week. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so there needs to be a strong, working alliance between client and therapist. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, we will discuss referral to another mental health professional for a second opinion. If you fail, cancel, or do not schedule additional appointments for eight weeks from the last appointment, I will assume that you have chosen to terminate therapy.

APPOINTMENTS
Our first session, and possibly the second, will involve an evaluation of your needs and will last 50 minutes. At the end of the evaluation, I will offer you some initial impressions regarding your
concerns and recommend an appropriate course of treatment. Since therapy requires such a big commitment, it is important that you feel confident that I understand your concerns and that you are comfortable with the recommended intervention. Often, the second session will also be part of the assessment and will be billed as such if I feel this is necessary.

Child therapy appointments are 40-45 minutes in length depending on the child’s tolerance. Adult therapy sessions are 45-60 minutes in length. I do not do full 60 minute appointments often as the need to write the note for the current session and get ready for the next session requires time between sessions.

Once an appointment is scheduled, you will be expected to attend or provide 24 hours advance notice of cancellation. If you fail to cancel in advance, you will be expected to pay a $75 late-cancellation or “no show” fee at the time of your next appointment, unless we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for fees associated with missed appointments.

PROFESSIONAL FEES (IF NOT USING INSURANCE)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Duration</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>90791</td>
<td>Diagnostic Assessment (Intake Session)</td>
<td>50 minutes</td>
<td>$165</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy</td>
<td>45 minutes</td>
<td>$115</td>
</tr>
<tr>
<td></td>
<td>(actual time is 38 – 52 minutes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy</td>
<td>60 minutes</td>
<td>$145</td>
</tr>
<tr>
<td></td>
<td>(actual time is 53 – 60 minutes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90847</td>
<td>Family therapy with patient present</td>
<td>50 minutes</td>
<td>$145</td>
</tr>
<tr>
<td>90846</td>
<td>Family therapy without patient present</td>
<td>50 minutes</td>
<td>$145</td>
</tr>
</tbody>
</table>

SLIDING FEE SCALE

<table>
<thead>
<tr>
<th>Yearly Gross Income</th>
<th>Intake Session</th>
<th>45 Minute Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,000 and below</td>
<td>$75</td>
<td>$55</td>
</tr>
<tr>
<td>$30,001 – $50,000</td>
<td>$100</td>
<td>$75</td>
</tr>
<tr>
<td>$50,001 - $70,000</td>
<td>$120</td>
<td>$90</td>
</tr>
</tbody>
</table>

Written reports and summaries will be charged on a per case basis, which will be discussed at the time the request is made. Phone consultations that are in excess of 10 minutes (this does not include an initial, pre-treatment phone consultation) will be charged on a per hour basis.

BILLING AND PAYMENTS

You will be expected to pay for services at the beginning of each session unless we have agreed otherwise or unless you have insurance coverage that requires another arrangement. If you are using your insurance for my services, you will be expected to show me your insurance card and to pay the deductible or any co-pay via check, cash, or credit card at each appointment.

If your account has not been paid for more than 4 months and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is
necessary, its costs will be included in the claim. In most collection situations, the only
information I would release regarding a patients’ treatment is his/her name, the nature of
services provided, and the amount due.

INSURANCE REIMBURSEMENT
In order for us to set realistic treatment goals, it is important to evaluate what resources you
have available to pay for your treatment. If you have a health insurance policy, it will usually
provide some coverage for mental health treatment. I will provide you with whatever assistance I
can in helping you receive the benefits to which you are entitled; however, you (not your
insurance company) are responsible for full payment of my fees. It is very important that you find
out exactly what mental health services your insurance policy covers. Some insurance
companies require a prior authorization number. Please call to obtain this and bring it with you
to your first appointment.

You should carefully read the section in your insurance coverage booklet that describes mental
health services. If you have questions about the coverage, call your plan administrator.

It is also important for you to find out exactly what mental health services your insurance policy
covers. I am an “in network” provider for some insurance plans and an “out of network” provider
for others. If I am an “out of network” provider with your insurance company, you are ultimately
responsible for any non-contracted fees. I will submit charges to the insurance company for
your appointments.

You should also be aware that your contract with your health insurance company might require
that I provide it with information relevant to the services that I provide to you. I am required to
provide a clinical diagnosis. Sometimes I am required to provide additional clinical information
such as treatment plans or summaries, or copies of your entire clinical record. If that situation
should arise in your case, I will make every effort to release the minimum amount of information
about you that is necessary for the purpose requested. I will provide you with a copy of any
report I submit, if you request it.

CONTACTING ME
Due to the nature of my work, I am often unavailable by phone. However, I do have confidential
voicemail that I check frequently. I make every effort to return your call the same day it is
received on the days I am in the office. If you call on a day when I am not in the office, your call
may be returned the day I return. If you are difficult to reach, please inform me of some times
when you will be available. If you are unable to reach me and feel that you are in crisis, please
call 911 or go to your nearest emergency room.

USE OF TECHNOLOGY
Due to confidentiality and licensing board requirements, I do not do therapy by telephone,
texting, Skype, or email. I take every precaution in all avenues of communication, whether fax,
email, or internet, to protect your information. Should there at any time be a breach of data
privacy, you will be made aware of it as quickly as possible. I cannot assume responsibility for
such breaches other than to take reasonable precautions to prevent them and remedy the
situation promptly should it occur. The types of technology I use to communicate your
information to others (i.e. my billing company or the insurance company) include telephone,
secure electronic fax, and internet.
CHILD/ADOLESCENT THERAPY OFFICE POLICY

When your child or adolescent age 14 and under is in session with me, a parent must be present at all times in the waiting room.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on the treatment consent form provides consent for the following activities:

- I may occasionally find it helpful to consult other medical and mental health professionals about a case. During a consultation, I make every effort to avoid revealing any identifying information about a client. The other professionals are also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record.
- I also have a contract with Paragon Billing. As required by HIPAA, I have a formal business contract with Paragon, in which it promises to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide you with a blank copy of this contract.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services I provided to you, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative’s) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency, pursuant to their lawful authority, is requesting the information for health oversight activities, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a workers compensation claim, I must, upon appropriate request, disclose information related to the claim to appropriate individuals, which may include the patient’s employer, the insurer or the Department of Labor and Industry.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient’s treatment. These situations are unusual in my practice, but include:

- If I know or have reason to believe a child is being neglected or physically or sexually abused or has been neglected or physically or sexually abused within the preceding
three years, the law requires that I file a report immediately with the appropriate government agency, usually the local welfare agency. Once such a report is filed, I may be required to provide additional information.

- If I have reason to believe that a vulnerable adult is being or has been maltreated or if I have knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, the law requires that I file a report immediately with the appropriate government agency, usually an agency designated by the county. Once such a report is filed, I may be required to provide additional information.
- If I believe that you present a serious and specific threat of physical violence to another, I may be required to disclose information necessary to take protective actions. These actions may include notifying the potential victim, contacting your family or others who can help provide protection, contacting the police, or seeking your hospitalization.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

There are additional rules about confidentiality when treatment is provided to a minor. Please read the Informed Consent for Child/Adolescent Therapy form regarding specific parameters for the treatment of your child or teen.

PROFESSIONAL RECORDS
You should be aware that, pursuant to HIPAA, Protected Health Information is contained in your Clinical Record. It includes information about your reasons for seeking treatment, a description of the ways in which your problem impacts your life, your diagnosis, the goals we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that I receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Please let me know if you have any questions about the ways in which your private information is handled.

CLIENTS’ BILL OF RIGHTS
Consumers of professional mental health services have the right:

a) to expect that the professional consulted has met minimal qualifications of training and experience commensurate with service requirements and in accordance with professional and/or disciplinary standards;
b) to be informed of the credentials of those by whom they are served;
c) to be informed of the cost of professional services prior to receiving those services;
d) to privacy as defined by rule and law;
e) to be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
f) to have access to their records as provided in Minnesota Statutes, section 144.335 subdivision 2, and;
g) to be free from exploitation for the benefit or advantage of a therapist.
CLIENT RIGHTS RELATED TO HIPAA
HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS
Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child’s treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes my policy to request an agreement from parents that they consent to give up their access to their child’s records. If they agree, during treatment, I will provide them only with general information about the progress of the child’s treatment, and his/her attendance at scheduled sessions. I will also provide parents, if they request, with a summary of their child’s treatment when it is complete. Any other communication will require the child’s Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.