**Psychological Strategies, LLC**

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**INFORMED CONSENT – PSYCHOTHERAPY**

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

**PSYCHOTHERAPY SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular issues you want to address. There are many different methods I may use to deal with those issues. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees as to what you will experience.

Our first 2-3 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work might include. At that point, we will discuss your treatment goals and create together an initial treatment plan. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. I will also tell you if I believe that I am not the right therapist for you and, if so, I will give you referrals to other practitioners whom I believe are better suited to help you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise.

**APPOINTMENTS**

Appointments will ordinarily be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. Note that if we agree that I will provide either Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE) therapy as a treatment for trauma, CPT requires a full hour each week and PE requires 90 to 120 minutes each week. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you cancel less than 24 hours in advance, a $50 late cancellation fee will be billed (unless we both agree that you were unable to attend due to circumstances beyond your control). If you do not show for your appointment, you will be billed for the full session charge (again, unless we both agree that you could not attend the appointment due to circumstances beyond your control).

You are responsible for coming to your weekly sessions on time. If you are late, your appointment will still need to end on time.

**SERVICES DURING THE COVID-19 OR OTHER PUBLIC HEALTH CRISES**

If there is a resurgence of the pandemic or if other health concerns arise, I may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. If we are meeting in person and you decide, at any tie, that you would feel safer with telehealth service3s, I will respect that decision, as long as it is feasible and clinically appropriate.

**Your Responsibility to Minimize Exposure**

To obtain services in person, you agree to take certain precautions to help keep everyone (you, me, the people with whom we each come in contact including other staff in the office space and other clients) safer from exposure. If you do not adhere to these safeguards, it may result in our starting/returning to a telehealth arrangement. Please initial each of the items below to indicate that you understand and agree to these actions:

* You will only keep your in-person appointment if you are symptom free. If you are having symptoms (such as fever, cough, sore throat, congestion or runny nose, shortness of breath, loss of taste or smell, muscle aches, nausea/vomiting, or diarrhea), you will cancel your appointment. If your symptoms are mild and you feel well enough to engage in a telehealth session, we will switch to video for our session. You will not be charged a cancellation fee for cancelling this session. \_\_\_\_\_
* If you test positive for the Covid-19 virus, you agree to not return to in-person sessions until you have completed the required quarantine period (usually 14 days) and have been fever free for a minimum of 10 days prior to our appointment. If you wish to have sessions as usual, you agree to switch to telehealth services during this time. \_\_\_\_\_
* You will cancel your appointment if you have been in contact with someone who has tested positive for Covid-19 within the last 14 days. We will proceed with telehealth services. You will not be charged a cancellation fee for cancelling the session. \_\_\_\_\_
* You agree to wear a mask in the office, whether or not you have been vaccinated, unless I advise you that this is not currently required. A supply of masks will be kept in my office for clients who may not have a mask on their person when they arrive. \_\_\_\_\_

Please note that if there is a pattern of canceled appointments for Covid-19-related reasons with no telepsychology session substituted, we will need to discuss how to resolve this issue.

If I am experiencing any of the symptoms listed above or have tested positive for the Covid-19 virus, I will notify you so that you can take appropriate precautions. If I am ill on the day of your session and well enough to hold a session, I will provide the session to you via telepsychology.

I may change the precautions listed above if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

**Your Confidentiality in the Case of Infection**

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our appointments. By signing this form, you are agreeing that I may do so without an additional signed release.

**PROFESSIONAL FEES**

My fee is $175 for a 45–50-minute hour. My fee is $185 for a 60-minute hour, which is required for some types of therapy such as Cognitive Processing therapy or Prolonged Exposure Therapy. For other professional services you may need, I charge $100 per hour, though I will prorate this hourly cost if I work for periods of less than one hour. Other professional services can include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings or phone consultations with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. I charge $200 per hour for professional services I am asked or required to perform in relation to a legal matter. If I am required to testify, included in the $200 per hour fee are any pre-court meeting/preparation time with the legal team, driving time to/from court, any time I am required to wait prior to testimony, and time spent in testimony. I also charge a copying fee of $0.25 per page for records requests for legal/court matters.

**BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when such services are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

I accept cash in exact amount, personal check, credit card, and HSA/FSA debit cards. If your personal check is returned, you will be responsible for all fees associated with the check return.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon or followed through on, I have the option of using legal means to secure the payment and to end therapy at that time. The “legal means” 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 will release regarding a client’s treatment is his/her/their name, the dates, times, and nature of services provided, and the amount due.

**INSURANCE REIMBURSEMENT**

I do not file for insurance reimbursement. I’m considered an “out-of-network” provider. Payment is due on the date of service for therapy appointments. Your insurance may provide you with partial reimbursement should you choose to submit claims to them. I will provide you with a receipt for services including billing codes and any other necessary information so that you can submit a claim directly to your insurance company. Your insurance company will send any payments to you.

If you are planning on submitting a claim to your insurance company, please contact your insurance provider and ask about self-filing options for “out-of-network” providers. In the Supplemental Reading section at the Forms link on my website, there is a document entitled “Tips For Talking With Your Insurance Company Regarding Possible Reimbursement for ‘Out-of-Network’ Services.” This document provides recommended questions to ask your insurance company. My website can be accessed at [www.psychstrategiesllc.com](http://www.psychstrategiesllc.com).

**CONTACTING ME**

I am often not immediately available by phone but you may leave a voice mail message at this number (612-718-8799) as I am the only person who has access to my voice mail. I will return your call as soon as possible. If you are difficult to reach, please inform me in your voice mail message of some times when you will be available. If for any number of unforeseen reasons you do not hear back from me, or I am unable to reach you and you feel that you cannot wait for a return call, or if you feel unable to keep yourself safe, please do one of the following: (1) contact your county crisis telephone line which can be found on my website [www.psychstrategiesllc.com](http://www.psychstrategiesllc.com), (2) go to your local hospital emergency room, or (3) call 911. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of mental health professionals you can contact, if necessary.

**ELECTRONIC COMMUNICATION POLICY**

**Email Communications**

I use email communication only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges with me should be limited to things like setting, changing, or cancelling appointments, billing matters and other related issues. Note that my email address – [Pat.Stankovitch@psychstrategiesllc.com](mailto:Pat.Stankovitch@psychstrategiesllc.com) - is HIPAA compliant.

Please do not email me about clinical matters. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone (if it is a matter that cannot wait until our next therapy session) or wait so we can discuss it during your therapy session.

**Text Messaging**

Text messaging is a very unsecure and impersonal mode of communication. I do not text message to, nor do I respond to text messages from, any of my clients. So, please do not text message me unless we have made other arrangements.

**Social Media**

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

**Website**

I have a website that you are free to access: [www.psychstrategiesllc.com](http://www.psychstrategiesllc.com). I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

**Web Searches**

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. There is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, about which you have questions or concerns, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

**CONFIDENTIALITY AND PROFESSIONAL RECORDS**

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled HIPAA Notice of Privacy Practices. You have been provided with a paper copy of that document if requested, and you have a right to discuss those issues. This document is also located on my website: [www.psychstrategiesllc.com](http://www.psychstrategiesllc.com). Please remember that you may reopen the conversation about these matters at any time during our work together.

**Confidentiality**

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. However, there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony or documentation if he/she/they determine that the issues demand it, and I must comply with that court order.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I must reveal some information about a client’s treatment. For example, if I believe that a child, elderly person, or disabled person is, or has been, being abused or neglected, I must make a report to the appropriate state agency.

If I believe that a client of mine is threatening serious bodily harm to another, I am required to take protective action. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client. If the client threatens to harm himself/herself/themselves, I may be obligated to seek hospitalization for him/her/them or to contact family members, the client’s emergency contact listed with me, or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action if possible.

I may occasionally find it helpful to consult other professionals about the work I am doing with a client. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice that I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney.

**Professional Records**

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, records I sent to others, and your billing records. Your rights regarding these records are also detailed in the HIPAA Notice of Privacy Practices.

**OTHER RIGHTS**

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be handled with respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to safe and respectful care, without discrimination as to race, ethnicity, gender, sexual orientation, age, religion, national origin, or level of ableness. You have the right to ask questions about any aspect of therapy and about my specific background.

**CONSENT**

I have read the information contained in this document. I have also read and been provided a copy if I so chose of the HIPAA Notice of Privacy Practices. I have asked questions about any parts of these documents that I did not understand or about which I had concerns. I understand that I may ask questions about them at any time in the future. I consent to accept these policies as a condition of receiving psychological services from Psychological Strategies, LLC.

**Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**

**Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Therapist Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**