

New Client Introductory Information and Informed Consent
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Psychotherapy – Client Service Agreement

Welcome! I appreciate your giving me the opportunity to be of help to you. 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 about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Psychotherapy Services:

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

My Background:

I am a licensed clinical social worker (LICSW) with the State of Minnesota. I have obtained a masters degree in social work from an accredited university and have passed a licensing exam. I am required to maintain my social work license by following a code of ethical practice and obtain ongoing training/education. I encourage you to ask me any questions that you might have about this throughout the course of our therapy together.

Benefits and Risk:

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

Appointments:

Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on. 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 miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect the amount of your payment [unless we both agree that you were unable to attend due to circumstances beyond your control]. If possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Professional Fees:

I do not bill insurance companies, but am happy to provide a Super Bill for you to submit to your insurance for possible reimbursement. I can also provide you with a receipt to submit to your FSA/HSA. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check or cash or credit card. Any checks returned to my office are subject to an additional fee of up to \$30.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

Professional records:

I am required to keep appropriate records of the counseling services that I provide. Your records are maintained in a secure location, I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality:

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

Contacting me:

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters.

Emergencies:

Please contact me if you are experiencing a mental health emergency for which you are requesting contact with me. I will endeavor to arrange for an immediate appointment. Please call me at 651- 243-1064 during regular business hours and I will return your call as soon as I can. If I am not immediately available and you have an urgent issue, please call the crisis connection at (612) 379-6363 or if warranted please call 911. The Crisis Connection provides 24 hour by phone crisis counseling. If you experience an emergency after regular working hours or during a weekend or holiday please request help through The Crisis Connection, your local hospital emergency room.

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 taken seriously and handled with care and 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 considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

What You Should Know about Confidentiality in Therapy:

I will treat what you tell me with great care. My professional ethics (that is, my profession's rules about moral matters) and the laws of this state prevent me from telling anyone else what you tell me unless you give me written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the “confidentiality” of therapy. But I cannot promise that everything you tell me will never be revealed to someone else. There are some times when the law requires me to tell things to others. Specifically, when you or other persons are in physical danger, the law requires me to tell others about it. Please read these pages and at next meeting we can discuss any questions you might have.

Consent to Psychotherapy:

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Signature of client or responsible party

Printed name of client or responsible party

Date _____

Description of Personal Representative's Authority: _____
