

**Johnson Counseling Services LLC**  
**7200 France Avenue South, Suite 223 Edina MN 55435**  
**Office#: 612-205-7989/Fax#: 952-405-8727**

**WHAT IS THERAPY AND HOW DOES IT WORK?**

Therapy is the process of solving emotional problems by talking with a person professionally trained to help people achieve a more fulfilling individual life, marital/couple relationship, or family relationships.

The process of change will, in many ways, be unique to your particular situation. Who you are as a person will help to determine the ways in which you go about changing your life.

The process of change begins by first clearly defining the problem, and then discussing your thoughts and feelings, understanding the origin of the difficulty and developing new skills and healthy attitudes about yourself and others.

As the client, you have the right to ask your therapist questions about his or her qualifications, background, and therapeutic orientation. The most important factor in the success of therapy is good communication between therapist and client.

In some instances, talking about your difficulties may exacerbate your symptoms, however over time you should see an improvement. In addition, not all individuals benefit from therapy or working with a particular therapist.

If at any time during the therapy you have questions about whether or not the treatment is effective, feelings about something your therapist has said or suggested or need clarification of our goals, do not hesitate to bring this up in your session.

**CONFIDENTIALITY POLICY**

JCS has an obligation to respect your right to confidentiality for the information you share within this clinical setting. Confidentiality of client information is governed by federal law (Health Information Portability and Accountability Act) and by state law. The State of Minnesota laws impose some limitations to your rights to confidentiality. The following is a list of situations in which you may lose your right to confidentiality:

- I am obligated to report any maltreatment of minors or vulnerable adults. This includes physical abuse, sexual abuse or neglect.
- I am obligated to report any prenatal exposure to controlled substances.
- I am obligated to report any serious harm you intend to inflict on yourself or another.
- I am obligated to share information if directed by Court Order to conform to state or federal law, rules or regulations.
- I am obligated to share information with licensing boards, which is pertinent to a disciplinary proceeding involving a provider.

**INSURANCE BILLING**

I am in-network providers for some major insurance companies. As a courtesy to you, I work directly with your insurance and will make every effort possible to bill your insurance company.

- Once your appointment has been scheduled, your insurance benefit coverage will be verified.
- It will be important for you to understand your benefit coverage. For benefit coverage questions, please call the customer/member service number on the back of your insurance card. It is your responsibility to check before your initial visit to know your plan's limitations, deductibles and exclusions.
- In compliance with health insurance contracts, JCS requires that all copayments are collected for payment at the time of service and that all coinsurance and deductible amounts are collected immediately following insurance claim processing. I do not have the ability to waive copayments, deductibles, or coinsurance amounts due, as this is a violation of the contract we have with your insurance company.
- You are responsible to pay the full fee for all services at the time of your visit, unless you have coverage through an insurance plan for which we have participating providers. Please bring your insurance card to the intake appointment and provide it to your therapist for copying.
- You are responsible for charges not eligible and/or covered by your medical insurance plan. If you discontinue care for any reason, all balances will become immediately due and payable in full by you, regardless of any claim submitted.

***-Your insurance company informs you of this amount payable by sending you an explanation of benefits (EOB) at the same time that we are informed of this amount.***

***-Upon receiving this information, please remit payment by mail, online at my website, or at your next scheduled appointment (if scheduled appointment occurs within 1 week of receiving your EOB) this payment is to be collected by JCS.***

***-Because I am a "fee for service" provider, billing statements from JCS will not automatically be sent - should you need a statement or payment itemization, please inform me, and I will provide this for you upon request.***

**APPOINTMENTS**

-I realize that on occasion you will not be able to make a scheduled appointment. You can call me at **612-205-7989** or and leave a cancellation message or email me directly at [Suzanne@edinatherapy.com](mailto:Suzanne@edinatherapy.com).

-However, please remember that this time has been reserved for you alone, so my policy is to charge **\$75 for missed appointments or \$50 for cancellations without 24- hour advance notice.**

**FEES:**

<b>90801-Intake</b>	<b>(45-50 minutes) \$175.00</b>
<b>90806-Individual Session</b>	<b>(45-50 minutes) \$125.00</b>
<b>908047-Family Session</b>	<b>(45-50 minutes) \$150.00</b>

**AFTER-HOURS EMERGENCIES**

*For after-hours emergencies, or if you need immediate assistance, call **911** or visit your local emergency room, medical group, or primary care physician.*

**Some crisis phone numbers include:**

- Crisis Connection: 612-379-6363 or toll free 1-866-379-6363
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Ramsey County Crisis Services: 651-266-7900
- Hennepin County Crisis Services: children 612-348-2233 /adult 612-596-1223

**NOTICE OF PRIVACY PRACTICES (HIPAA)**

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully. Protecting our patients' privacy has always been important to this practice. A new state and federal law, the Health Insurance Portability and Accountability Act (HIPAA), went into effect on April 14, 2003 and requires us to inform you of our policy. At the JCS, we are very careful to keep your health information secure and confidential. This law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those involved in your treatment; for example, a review of your file by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company. We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer. We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy. We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request. You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information to another practice. You have the right to see or receive a copy of any of your health information. You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W, Room 509F Washington, D.C. 20201

**MINOR CONSENT**

Please initial below to indicate the current situation regarding the custody of the minor child:

\_\_\_\_ Parents are married to each other and are the legal parents of the child (*one signature required*)

\_\_\_\_ My ex-partner/spouse and I share legal custody of the child (both signatures are required)

\_\_\_\_ I am a single parent and have full legal custody of the child (one signature is required)

\_\_\_\_ I am a non-parent legal guardian and have full legal custody of the child (*one signature required*) *Legal Guardianship court documents are required at intake – a copy must be present in the client file.*

- I understand that at least one parent must accompany the minor child to his/her first appointment and any subsequent appointments, until discussed with and agreed upon with the therapist.
- I understand that JCS does not give recommendations or do evaluations for child custody or parenting. If this becomes an issue, my child’s case may be closed.
- I hereby grant my permission for my minor child to be treated by JCS. This permission will remain in force until revoked by me.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MINOR AGREEMENT**

The involvement of children and adolescents in therapy can be highly beneficial to their overall development. Very often, it is best to see them with parents and other family members; sometimes, they are best seen alone. The therapist will assess which might be best for your child and make recommendations to you. Obviously, the support of all the child’s caregivers is essential, as well as their understanding of the basic procedures involved in counseling children.

The general goal of involving children in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the child to obey or reveal certain information. Although those objectives may be part of overall development, they may not be the best goals for therapy. Again, the therapist will evaluate and discuss these goals with you.

Because of the role is that of the child’s helper, the therapist will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. *Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child’s therapist.*

The issue of confidentiality is critical in treating children. Therefore, it is necessary to work out an arrangement in which children feel that their privacy is generally being respected, at the same time that parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the child in therapy.

This agreement regarding treatment of minors has provisions for inserting individual details, which can be supplied by both the child and the adults involved. However, it is first important to point out the exceptions to this general agreement. The following circumstances override the general policy that children are entitled to privacy while parents or guardians have a legal right to information.

- Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self or others. In these cases, the therapist is required to make an official report to the appropriate agency and will attempt to involve parents as much as possible.
- Minors may independently enter into therapy and claim the privilege of confidentiality in cases involving abuse or severe neglect, molestation, pregnancy, or communicable diseases, and when they are on active military duty, married, or officially emancipated. They may seek therapy independently for substance abuse, danger to self or others, or a mental disorder, but parents must be involved unless doing so would harm the child.
- Any evaluation, treatment, or reports ordered by, or done for submission to a third party such as a court or a school is not entirely confidential and will be shared with that agency with your specific written permission. Please also note that the therapist does not have control over information once it is released to a third party.

**Agreement:** I understand that the normal procedure for discussing issues that are in my child’s/children’s therapy will be joint sessions including my child/children, the therapist, and me and perhaps other appropriate adults. If I believe there are significant health or safety issues that I need to know about, I will contact the therapist and attempt to arrange a session with my child/children present.

Similarly, when the therapist determines that there are significant issues that should be discussed with parents, every effort will be made to schedule a session involving the parents and the child/children. I understand that if information becomes known to the therapist and has a significant bearing on the child’s/children’s well-being, the therapist will work with the person providing the information to ensure that both parents are aware of it. In other words, the therapist will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively.

*I will do my best to ensure that therapy sessions are attended and will not inquire about the content of sessions. If my child prefers/children prefer not to volunteer information about the sessions, I will respect his/her/their right not to disclose details. Basically, unless my child has/children have been abused or is/are a clear danger to self or others, the therapist will normally tell me only the following: whether sessions are attended, if my child is/children is generally participating, and if progress is generally being made.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize Johnson Counseling Services to release any medical information to my insurance company, which may be deemed necessary in order to process an insurance claim. I authorize my insurance company to assign benefits to JCS. I understand that I am responsible for payment for services rendered by JCS regardless of reimbursement for these services by the insurance company. I agree to notify JCS immediately whenever I have changes in my health condition or health plan coverage in the future.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

My signature below indicates that I am consenting to treatment at Johnson Counseling Services and have received and understand the contents of the counseling policies, including the notice of privacy practices(HIPAA). If I have questions, the information has been explained and or summarized for me.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I clearly understand that I am ultimately responsible for payment to Johnson Counseling Services, for any and all services rendered due at the time of the visit or upon receiving explanation of benefit information from my insurance company, whichever comes first. I also understand that if I suspend or terminate my care and treatment, any outstanding balance will be immediately due and payable. I understand that if I should default on any payment obligations as called for in this agreement, JCS will have the right to forward my information to collections, and in the event that it becomes necessary to utilize a collection agency to resolve a past due account, up to an additional 30% will be assessed to my account to cover the costs of this action. I agree to pay all costs of collection, including but not limited to collection agency fees, court costs, and attorney fees. I understand and give my consent for JCS to forward my information to collections, should I default on this agreement and *fail to pay my Balance Due*.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*COURT & LEGAL PROCEEDINGS**

***Johnson Counseling Services does NOT provide disability determination, custody studies, or handle court issues.***

- JCS does not perform court evaluations nor do they appear in court on behalf of individuals, children or adults. JCS are designed to assist in alleviating problems through individual or relational psychotherapy. JCS providers are not trained for, nor do they maintain records with the intended purpose of court involvement.
- In addition, the legal process is such that we may be compelled to reveal information about you that could affect you negatively or undermine your relationship with your therapist. Because the client-therapist relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship for the therapist to be asked to present records to the court, testify whether factual or in an expert nature, in court or deposition.
- If you wish forms for determination of mental illness, disability, court involvement with custody or assessments to be completed, we would be happy to refer you to practitioners in the area who offer this service.
- Should we be called to court by a judge court order, or our records court ordered or subpoenaed, we will charge the full amount applicable under law for our services. Copies of records are available for a \$16.03 processing fee, plus \$1.22 per page for copying.
- In the event that it is necessary, by court order or by subpoena, for the therapist to testify before any court, arbitrator, or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, (including but not limited to: travel, necessary expenditures (copies, parking, meals, and the like), time spent speaking with attorneys, reviewing records and preparation of reports) @ the rate of \$250.00 per hour, rounded to the nearest half hour.
- The client further agrees to pay a retainer fee of \$2,000.00 two weeks prior to the appearance, presentation of records, or testimony requested. Checks will not be considered an acceptable form of payment for these services.

*Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on your therapist at JCS to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. Initials of client/or legal guardian \_\_\_\_\_ showing that this litigation limitation is clearly understood and agreed to.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_