**CLIENT POLICY, CONSENT FOR TREATMENT AND LIMITS OF CONFIDENTIALITY**

**WELCOME**

 We look forward to working with you. Please read the following notification. It summarizes practical information about Tom Lutz & Associates and the therapeutic process in general.

**YOUR CONSENT FOR THERAPY: WHAT TO EXPECT**

 Your therapist will work with you to formulate and work towards your therapeutic goals. In your first session, your therapist will discuss the issues that led you to contact us. You may find that your goals change as you discover new insights and perspectives. Some clients may experience therapy as supportive; others may experience therapy as challenging and uncomfortable. Change is often difficult and often requires a willingness to stretch. As you proceed, you may experience self-doubts, anxiety, depression, anger, and conflict about some aspects of your life. This is normal. When your therapeutic work is finished, you may realize that you’ve made unanticipated changes. For example, you may have a different perception of your past, or you may participate in relationships differently than expected. It is also possible that you will feel stronger or more settled in unexpected ways. The duration of therapy depends on how much work you do in the office towards change, your willingness to do homework between appointments and the severity of the condition(s) for which you are being seen. You will be the one to make the ultimate decision about how long you remain in therapy. Your therapist will consult with you about that decision. Your therapist is a resource for you. It is your right to terminate therapy when you decide it is in your best interest. We encourage you to discuss the decision to end therapy openly with your therapist.

Fees:

* The initial evaluation fee is $160. Each subsequent session fee is $150 per session.
* You are responsible for copayments and deductible payments. Co-pays and outstanding balances should be paid at each session. If you do not use insurance, payment should be made at the beginning of each session unless other arrangements have been made. Tom Lutz & Associates accepts credit cards, cash, or check.
* You may request other services such as report writing, attendance at meetings or consultations with other professionals, preparation of records or treatment summaries, copying of records, and legal testimony, and so on. Your therapist may charge an hourly fee for these services. Insurance does not cover these ancillary services; you will be required to pay for them out of pocket.
* Tom Lutz & Associates will bill your insurance carrier for you. If your insurance carrier refuses payment, *you are responsible for the payment of fees*.
* Please check with your insurance company to see whether you have mental health coverage and/or if Tom Lutz & Associates is an “in-network” provider. If you require testing or special services, please check with your insurance carrier if you are covered. Ultimately, it is up to you to ensure that your insurance company and specific policy cover you for the services you are requesting.

**SCHEDULING:**

 When your therapist schedules a block of time for you, other Tom Lutz & Associates clients will not be able to use that time. Therefore, it is very important that you give the proper notice if you need to cancel.

1. Tom Lutz and Associates requires 24 hours’ notice for cancelations.
2. If you must cancel an appointment scheduled on a day after a holiday, a full business day’s notice of the cancellation is required.
3. If you fail to give your therapist 24 hours’ notice you will be charged a $100 fee. (This will be billed as a “Late Cancellation/Failed Appointment Fee.”)
4. Since emergencies and exceptions are inevitable, your therapist will have discretion regarding exemptions.

\*Please be aware that insurance carriers do not reimburse for missed appointments and often require that such missed appointments be noted on your statement of charges.

Scheduling Appointments

Each Tom Lutz & Associates therapist keeps their own appointment calendar and will try to accommodate your schedule as much as possible. Alternative appointment times may be available. You may call 651-500-0905 extension 1 and someone can help you with scheduling Monday through Friday from 9:00 to 5:00. We recommend that you schedule appointments well in advance.A therapeutic session typically lasts 60 minutes.

**EMERGENCIES**

If you have a mental health emergency of any kind, please use the emergency services available by dialing 911.

 The following numbers are also useful if you require urgent assistance:

 Dakota County Crisis Center (952) 891-7171

 Washington County Crisis Center (651) 777-5222.

 Rochester Crisis Line: (800) 422-0670

 National Suicide Prevention Line: (800) 273-8255

**THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

The Notice explains HIPAA and its application to your personal health information in greater detail. The law requires that your therapist obtain your signature acknowledging that they have provided you with this information. It is important that you read it carefully.

**LIMITS OF PRIVACY OF COMMUNICATION**

State and Federal laws and ethics from professional boards ensure that conversations you have with your therapist will be held in the strictest confidence. Your privacy is essential. However, there are exceptions to this rule, and you need to be aware of those exceptions before you disclose any information to your therapist:

1. If you threaten to take your own life, your therapist will break confidentiality and call a family member, the police, or other emergency personnel. In case of a threat to the life of a third party, your therapist has a legal obligation to warn anyone you intend to harm.

2. If there is suspicion of abuse or neglect of a child or vulnerable adult, your therapist is mandated by law to report that suspicion to the appropriate agency and to cooperate with any investigation.

3. If you disclose to your therapist unethical conduct by a licensed medical or licensed mental health professional, in some cases your therapist is required by law to report that professional to the appropriate professional regulatory board.

4. If a court of law orders your therapist to release information, they must do so.

5. The organization which administers billing for Tom Lutz & Associates has access to the portion of your information it needs to do its job. The contract between this organization and Tom Lutz & Associates meets HIPAA regulations. Only the data necessary for billing will be released accordingly.

6. If your account is severely delinquent, Tom Lutz & Associates may obtain reimbursement through small claims court or a collection agency.

7. In the event of your death, information may be released to next of kin or to the coroner/medical examiner in accordance with the health records act.

8. Therapists consult about clients with other therapists in the clinic and refer clients to therapists in the clinic. In those cases, the other therapists will have access to your records or information about your case.

9. You may sign a release of information to send your records to a third party.

If any of the above circumstances arise, your therapist will make every effort to discuss them with you fully before taking action. Your therapist will also limit disclosure to what is necessary, often a summary or report. As you might suspect, laws governing these issues are quite complex. While your therapist is happy to discuss these issues with you, legal consultation is recommended if you need specific advice.

**MENTAL HEALTH RECORDS**

 Records regarding your treatment are kept in a secure file. You may have copies of that record with some exceptions.

**PATIENT RIGHTS**

 Copies of the patient rights governing licensed mental health professionals are available for reading on the wall of the waiting room. Copies are available upon request.

**PATIENT RESPONSIBILITIES**

* You are responsible for playing an active role in your treatment, including defining goals, understanding and following your treatment plan, doing homework agreed upon between sessions, and providing input into the direction and pace of our work.
* You are responsible for keeping your appointments and notifying your therapist as soon as possible should you need to cancel an appointment.
* You are responsible for understanding your fees and paying what you owe for services.
* During your work with your therapist, you are responsible for notifying them of any changes in your employment, insurance or financial circumstances so that if paying for services becomes a hardship, it can be dealt with as soon as possible.

**TREATMENT OF MINORS**

 Specific laws address confidentiality for minors (under age 18). In Minnesota, the custodial parent/legal guardian has access to mental health records except when the minor is married, living alone and taking care of their financial affairs, or has borne a child. Other exceptions include situations in which information in the records concerns venereal disease, chemical dependency, or pregnancy, and related conditions.

 If your therapist determines that the information would be detrimental to the physical or mental health of the minor or is likely to cause the minor to harm him or herself or another, the therapist can withhold that data.

 Parents are often understandably curious about their children’s sessions. However, it is important to acknowledge that young people need to develop trust in their therapist and need some degree of privacy. We ask that parents of minors in therapy at Tom Lutz and Associates respect this principle. Of course, your therapist will bring to your attention matters that their professional judgment indicates are important for you to know, and they will keep you informed about your child’s progress.