

Informed Consent

My Background

I have a master's degree in Counseling and Psychological Services from St. Mary's University of Minnesota. My experience includes my work as an intern therapist at the Center for Grief, Loss and Transition. There I worked primarily with people coping with grief, trauma and major life changes. I developed my psychodynamic perspective through my year-long fellowship with the Minnesota Psychoanalytic Institute and Society's Psychotherapy Center. My experience includes work with people struggling with: depression and other mood disorders; anxiety; stress and anger management; relationship concerns; sexuality and sexual orientation issues; healing from physical, sexual and emotional abuse; recovery from addictive patterns; and healing from dysfunctional and shame-based family systems.

Theoretical Approach

As mentioned above, I am informed by psychodynamic theory. This type of therapy is helpful for individuals who are seeking to treat a variety of emotional and intrapersonal problems including the reduction or elimination of cognitive, behavioral, emotional, social, or mental conditions, symptoms, or dysfunctions. It also is helpful in improving social and occupational functioning. Psychotherapy is most effective when both parties work collaboratively and actively to gain insight into and alter maladaptive emotional states and behaviors. The psychotherapeutic process varies depending on the personalities of the psychotherapist and client and the problems brought forward.

My Commitment to You

I am committed to providing ethical, respectful, and competent psychological services regardless of religion, gender, race, sexual orientation, marital status, economic status, national origin, disability, or beliefs.

Crisis Information

My private practice does not include emergency mental health services. **If you are faced with a life-threatening emergency, please call 911, or go to your nearest emergency room.** If you are dealing with an urgent, but not life-threatening situation, please contact the Crisis Connection at 612.379.6363. In addition, please leave a message for me and I will contact you as soon as possible.

Contacting Me

My phone number is 612.702.4119. Please leave a message and I will do my best to respond within 24 hours. Please note that messages are not regularly checked or returned on weekday evenings, Sundays or holidays.

Appointments

Appointments are 50-60 minutes in length. **If, for any reason, you are unable to keep your appointment, please notify me at least 24 hours in advance. Without a 24-hour notice, I charge half of our agreed upon fee for no shows and very late cancellations.** In order to respond to the fact that everyone experiences urgent and emergent situations on occasion, **I have a one free miss policy per year.** Any additional late cancellations or no shows in that rolling calendar year—except for a serious illness or death in the immediate family—will result in a one-half the normal fee charge. **Please don't hesitate to ask questions regarding this policy if there is any confusion.**

Fees

Payment in full is expected at each visit, unless otherwise stated. If you are seen more than once per week, a one-time per week payment is fine. If paying each visit poses a problem for you, we'll discuss your situation, and see if an alternative arrangement can be made. I charge \$140 for psychotherapy appointments. If you feel you cannot afford this fee, please let me know and I will do my best to negotiate with you a fee that you find affordable. **When thinking about what you can afford, please consider what's financially feasible on a monthly basis. In general, I see clients weekly. Some clients come every other week (after a period of regular sessions). Typically, I don't see people less frequently than twice a month.** From time to time we may revisit the fee to see whether or not adjustments ought to be made. The fee agreement we have made is \$ _____ per 50-minute session. Initial here: ____ Date here: __. *(There is no need to initial this area if you are not requesting a sliding fee.)*

Insurance

Currently, I am only in-network with Preferred One insurance. I do not accept any government funded health care assistance programs, though I may do so in the future.

Grievance Policy and Procedure

I want you to be satisfied with the quality of service you receive. If you have any questions or concerns, please speak with me about them. If we are unable to resolve your concerns together you have the right to file a complaint with the Office of Mental Health Practice, 2829 University Avenue SE, Suite 34, Minneapolis, MN 55414-3230. Telephone: (612) 617-2105, (800) 627-3529. Fax: (612) 617-2103.

Confidentiality

Your records and transactions with me are confidential, unless release of these records is authorized in writing by you, or otherwise provided by law.

You have a right to be allowed access to records and written information from records in accordance with Minnesota Statutes sections 144.291 – 144.298.

Records – Post Treatment

I maintain complete records and/or treatment summaries for seven years after our last date of contact. Confidentiality exceptions include my belief that a child, elderly person, or disabled person is being abused. If this is the case, I am mandated by law to file a report with the appropriate state agency. Whenever you enter your psychological status as an issue in a legal proceeding, you have waived the right to past, present, or future confidentiality of any

psychological services provided to you. I *may* therefore be ordered to provide this information by a judge. This has never occurred in my practice and is generally quite rare.

Furthermore, If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking emergency care (such as medical) for the client. If the client threatens to harm her/himself, I may be obligated to seek emergency care (such as medical) for him/her, or to contact others who can help provide protection. Again, these situations have never occurred in my practice, and generally occur very rarely. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

Benefits and Risks of Therapy

It is important to keep in mind that psychotherapy may include both benefits and risks. Since it typically involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, or frustration. I strongly encourage you to discuss any of these feelings with me should they arise. Most clients report leaving sessions feeling lighter. This is not to say they never leave a session feeling worse than when they arrived. It's quite common to hear that people generally leave feeling better in some way, but occasionally leave feeling worse. This is typically due to the subject matter discussed in the session.

On the other hand, psychotherapy has also been shown to have significant benefits. It often leads to better relationships with one's self and others, solutions to specific problems, and reductions in distress.

You also have the right to ask about other treatments and their risks and benefits – even if these are not treatments I specialize in. Because my goal for you is to find the right treatment for you, I am more than happy to refer you to someone else if you feel my style is not a good fit for you. Psychotherapy involves a large commitment of time, energy, psychological resources and money, so it is recommended that you take care in your selection of a psychotherapist. If you have questions about my approach or procedures, please discuss them with me whenever they arise.

Termination of Treatment

Furthermore, if during your course of treatment either of us believes that I am not effective in helping you reach your therapeutic goals, I am obliged to discuss this with you and, if appropriate, to terminate treatment. In such a case, I will give you referrals that may be of help to you. If you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified. Additionally, if you provide written consent, I will provide the essential information needed if you'd like me to speak with your new therapist. And, of course, you have the right to terminate therapy at any time.

Supervision/Consultation

At times I may find it helpful to consult other professionals about someone I'm working with. This is called consultation and most therapists use consultation to better their treatment. In such a case I make every effort to avoid revealing any of my clients identifying information. The consultant is 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.

Agreement

I hereby consent to psychotherapy and certify that I understand the nature of this treatment, including possible risks and the choices I may have about other approaches, and I assume those risks about which I have been informed. I have been adequately informed, and any questions I've asked have been satisfactorily answered. I represent that I am seeking treatment to further my own mental health and for no other reason and do not represent a third party. I am aware that I may withdraw this consent and stop treatment at any time.

Printed Name Date

Signature Date