

ISLES THERAPY CENTER, PLLC **POLICIES AND CONSENT TO TREATMENT**

Welcome! As a Licensed Psychologist with Isles Therapy Center, PLLC, I look forward to the opportunity to work together with you to reach the goals you are setting for yourself through the process of psychotherapy. In order for me to best serve you, it is important that we begin with a clear expectation and understanding of the policies and procedures related to Isles Therapy Center services. This Agreement encompasses the following areas: confidentiality, appointments and cancellations, contact procedures, fees, services, and your rights and responsibilities as a client.

CONFIDENTIALITY

Under Minnesota law, the information you discuss in therapy is classified as “private”. I will maintain your confidentiality and privacy in strict accordance with state guidelines. The information you share in our sessions will be used to assess your specific concerns, develop a treatment plan, determine goals, and provide the services you need. You have the right to refuse to give me information at any time. However, doing so may affect my ability to effectively consult with and help you. I will maintain a file containing clinical notes of issues/plans discussed in sessions. Related documents such as testing results, release of information, and billing will also be kept in this file. I will keep your file stored in a locked, secure location. Clinical records will be destroyed after seven years of inactivity. It is my belief that the practice of psychotherapy will be most effective when a sense of trust and privacy is developed. I am strongly committed to safeguarding your privacy. In most cases, information concerning you will not be shared with anyone without your informed, written consent. On occasion, information about your situation that does not identify you may be shared with other professionals during supervision or consultation in order to enhance the quality of services you receive. However, state and federal statutes, and ethical standards, require that relevant information may need to be released if any of the following conditions occur:

- *Records are subpoenaed by the courts;
 - *If there is a suspicion of possible abuse/neglect of children and vulnerable adults;
 - *In cases of potential homicide, suicide, or the threat of imminent serious harm;
 - *If a client is asked to complete a program as a directive of a court official, relevant information will be released to authorized representatives of the court;
 - *If a client is pregnant and is using specific controlled substances (i.e. illegal, non-prescription drugs) as defined by law; and
 - *If a client identifies any health care official or another counseling professional, and discloses that he/she has had sexual contact with a client or former client, within two years of the termination of treatment.
- *Finally:
- If a client is a minor, parents have access to records; and
 - As otherwise outlined in the Privacy Practices Notice.

APPOINTMENTS/CANCELLATIONS

A standard appointment consists of an approximate **50 minute session**. This appointment is professional time reserved for you. If it is necessary for you to cancel an appointment, **a 24 hour notification of your cancellation is required**. If you are late in your notification to cancel or if you miss an appointment without the required notification, the full session fee will be billed to you. If you are using a third party payor such as a health insurance, this cannot be billed to them; you are responsible for the full fee. To cancel and/or reschedule an appointment, please leave me a phone message at 612.823.2063 and I will make every effort to accommodate your rescheduling needs.

CONTACT PROCEDURES

You may leave confidential messages 24 hours a day at 612.823.2063. I routinely check and return phone calls promptly within normal business hours, between scheduled appointments. If necessary, phone consultations may be arranged for a fee. If you are experiencing an emergency, and need to speak with someone immediately, please call 911 or the National Suicide Prevention Line at 800-273-8255. You may contact me by email at sandeekoch@yahoo.com. However, in order to protect your privacy, I only use email for non-personal content such as scheduling, giving directions to my office, etc. I do not check email daily, so if you want to reach me more quickly, please call me.

FEES

~Diagnostic evaluations: **\$175**

~50 Minute Psychotherapy sessions: **\$150**

Full payment is due at the beginning of each session. Payment may be made by check, cash or acceptable credit card. Please be aware that if you use a credit card for payment, your personal information will be released to the credit card company, and it may be disclosed that the service you are paying for is counseling. In order to provide services to you with a minimum of overhead costs, any outstanding balance must be paid in full by the time of the following session. All of my professional time will be billed at a \$150/hour rate. This includes preparation, letters, legal matters, and phone calls (of more than a 10 minute duration).

SERVICES

I provide psychotherapy services for individuals, couples and families. In order to provide the highest level of services to you, and not divide my attention, my focus is solely therapeutic and not evaluative. If you are interested in services beyond this scope, I am happy to make referrals and/or recommendations to other providers. For example, I do not have expertise in evaluating matters such as custody, divorce issues, workers compensation, or family medical leave absences. Therefore I am not able to provide these services at any point in our work together.

PLEASE NOTE, AS WELL: I do not testify or go to court on behalf of clients.

CLIENT RIGHTS:

As the Client, you have the following rights:

1. To expect that a psychologist has met the minimal qualifications of training and experience required by state law;
2. To examine public records maintained by the Board of Psychology which contain the credentials of a psychologist;
3. To obtain a copy of the rules of conduct from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, St. Paul, MN 55155;
4. To report complaints to the Board of Psychology, 2829 University Avenue S.E., Minneapolis, MN 55414;
5. To be informed of the cost of professional services before receiving the services.
6. To privacy as defined by rule and law, as well as to confidentiality as described above;
7. To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving psychological services;
8. To have access to your records as provided in subpart 1a and Minnesota Statutes, section 144.335, subdivision 2 and
9. To be free of exploitation for the benefit or advantage of the psychologist.

CLIENT RESPONSIBILITIES:

As the Client, you have the following responsibilities:

1. To notify the practitioner of any name, address, phone number changes in a timely manner;
2. To come to appointments on time, or call at least 24 hours in advance to cancel and/or reschedule;
3. To not come for services under the influence of mood altering chemicals, including alcohol; and
4. To pay fees at the start of each session.

I intend to provide you with the best possible service. Please let me know if any questions or concerns arise.

CONSENT TO TREATMENT

I seek and consent to participate in psychological services by Isles Therapy Center, PLLC and Sandra Koch.

I am aware that the development of a review of the progress, or of a treatment plan, is in my best interest and may be required by governmental, funding, accrediting, or other agencies, and I agree to actively participate in this process.

I am aware that the practice of psychotherapy is not an exact science, and so predictions about the effects are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment.

I am aware that I may terminate my treatment at any time without consequence, but that I am still responsible for payment for any services already received.

I am aware that any **cancellations of appointments must be made at least 24 hours in advance of the appointment and if I do not cancel or do not show, I will be charged for that appointment.**

I am aware that an authorized agent of my insurance carrier or other third-party payer may request and be provided with information about the type, medical condition, cost, date, and provider of any services I receive here, so that payment may be provided the therapist. My signature below gives permission to the therapist to communicate with my insurance carrier. Further, I am aware that I am financially responsible for all charges incurred for treatment by Isles Therapy Center, PLLC and Sandra Koch, whether or not my insurance carrier authorizes services or payment for services.

I am aware that if I have not paid for services received, my treatment may be discontinued by the therapist.

I am aware that this office/therapist is not responsible for any personal property or valuables I bring into its facilities.

I agree not to enlist Sandra Koch or Isles Therapy Center, PLLC in any legal proceedings. I further agree that neither her records nor her testimony will be subpoenaed for deposition or testimony, and that she will not be required to discuss my treatment with attorneys or members of the judicial system. Isles Therapy Center, PLLC and Sandra Koch's only role in working with me is to serve as my therapist, and not as a legal advocate.

Client Initial: _____

As a client, I certify with my signature below that I have read, fully understand, and agree with the contents of this Isles Therapy Center, PLLC Policies and Consent to Treatment, and the Privacy Practices Notice. I have had an opportunity to ask any questions that I had about this material and how it applies to my situation. I agree to comply with these policies. I have received a signed copy of this Isles Therapy Center, PLLC Policies and Consent to Treatment, and the Privacy Practices Notice.

Client Signature
(Or, Parent / Legal Guardian/ Authorized Representative)

Date

Relationship to Client

ISLES THERAPY CENTER, PLLC

By: Sandra R. Koch, MA, LP
Licensed Psychologist
(policyfeestatement8/21)

Date