

# Rose Counseling

Stefanie L. Rose, MA, Licensed Marriage and Family Therapist

600 Twelve Oaks Center Drive, #642A

Wayzata, MN 55391

612.386.4864

## Consent for Treatment

As a consumer of mental health services, you have a right to certain things from a therapist and an obligation to provide certain things to a therapist. Please read the following information and ask me any questions you may have.

**Emergencies:** In case of an emergency, you may call 612-386-4864. I will respond to your call as soon as possible. When I am not available and you need immediate assistance, I will instruct you to: 1) contact your family physician; 2) call 911; or 3) go to your closest hospital emergency room.

**Fees:** \$190 for initial assessment meeting (1<sup>st</sup> session); \$160/\$175 for every additional session thereafter. *Full payment or insurance co-payment is expected at the time of service.* Remember that you are responsible for the charges incurred regardless of your insurance plan. Please be sure to verify insurance coverage prior to your first appointment.

**Cancellation Policy:** Each appointment is scheduled for 55 minutes. The fee per session is \$190.00 for the initial intake session and then \$160.00 for individual sessions and \$175.00 for couples or family therapy sessions. Late cancellations (less than twenty-four hours in advance) will result in a \$60.00 charge per session to the client. Appointment failures with no cancellation or less than 4 hour cancellation will result in an \$80.00 charge per session to the client. Insurance companies will not cover charges for appointment failures or late cancellations. Two late cancellations or No Shows may result in termination of services.

**Privacy and Rights Policy:** The Health Insurance Portability and Accountability Act (HIPAA) provides privacy protections and client rights for the use and disclosure of Protected Health Information (PHI). A Notice of Privacy Practices will be sent home with you for your review. No one but you has access to the clinical file without your written consent with a few exceptions: 1) Child neglect or abuse; 2) Vulnerable adult neglect or abuse; 3) Subpoenaed Health Oversight (Licensure) Activities; 4) Court orders for judicial and administrative proceedings; 5) Serious threats of health or safety regarding yourself or someone else; 6) Worker's Compensation; and 7) Written request of privacy from a minor. Other exceptions may arise; however, it is my intention to do everything possible to keep information about you private.

**Electronic Communication:** You may contact me via phone, text, and e-mail. Please be advised that although I will do my best to protect your information, there is always a risk in communicating via online sources.

**Complaints:** Please talk to me as soon as possible regarding any complaint you may have. I'd like to try to resolve it together if possible. If it is not satisfactorily resolved, you may contact the following licensing board: Minnesota Board of Marriage and Family Therapy, 2829 University Avenue SE #330, Minneapolis, MN 55414 (Phone: 612.617.2220).

**Consultation:** Your situation may be reviewed during consultations with other mental health professionals in order to provide you with the best possible ongoing services. Identifying information will not be disclosed.

**Social Media Policy:** **1a. Friending/Contact Requests:** I will not accept friend or contact requests from clients on social media sites (Facebook, LinkedIn, Twitter, etc.), because I believe doing so can compromise your confidentiality, as well as our respective privacy. It may also affect the boundaries of our therapeutic relationship. **1b. Use of Search Engines:** It is not a regular part of my practice to search for clients on Facebook, Google, or any other search engines/social media sites. Be advised that extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger, and you have not been in touch with me via our usual means (call, text, e-mail, coming to appointments, etc.), there might be an instance in which utilizing search engines or social media (to find you or someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These situations are extremely rare, and if I ever resort to such means, I will document it fully and discuss it with you at our next meeting.

I, the client/guardian, have read and fully understand my rights/responsibilities detailed in this document. My signature below indicates that I have discussed the points I did not understand and have had my questions, if any, fully answered.

I have received a copy of the Notice of Privacy Practices. I agree to abide by and act in accordance with the points covered in this document. I understand, that by signing this agreement, I am acknowledging the circumstances under which Stefanie L. Rose, MA, LMFT, is legally obligated to waive confidentiality.

This Consent is in effect until the end of treatment or one year from the dated signature below.

Client Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_