Renewed Minds
educate. empower. enhance.

Psychotherapy Disclosure Statement

The therapeutic relationship between the therapist and the client(s) works because of clearly defined rights and responsibilities held by each participant in the therapeutic relationship. The therapeutic relationship is created and maintained to facilitate change by educating the client(s), and empowering the client to make changes that will lead to an enhanced life. The following a list of responsibilities for those participating in the therapeutic relationship.

Responsibilities of the Therapist

I. Confidentiality

You have the right to confidentiality. I cannot and will not tell anyone else what you have told me, or even that you are participating in therapy without your written permission. You may consent to sharing information by signing consent to release information form. The consent to release information form will detail what information is given, how it is given, who it is given and the time frames approved for releasing the information. A year will be the defaulted time if a time is not chosen.

Please know that I regularly participate in consultation and supervision with other mental health professionals. This allows me to stay current in my practice and to gain other perspectives on my cases. As such, I may share relevant case summaries with my consultant; however I do my best to remove any identifying information. If you have questions about this process, please don't hesitate to ask.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law ensures the confidentiality of all electronic transmission of information about you. Special safeguards, to ensure the confidentiality of all electronic transmission about you, will be used when electronically transmitting any information about you.

The following are exceptions to your right to confidentiality. I will inform you when these exceptions will be used.

1. If I have good reason to believe you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe you are abusing or neglecting a child or vulnerable adult or of you give me information about someone who is doing this, I must inform Child Protection Services and Adult Protective Services immediately.
3. If I have good reason to believe you are in imminent danger of harming yourself, I may legally break confidentiality and call the police. Other options include referring you to inpatient services and/or creating safety plans in the home. I will use my discretion to determine the necessary plan to ensure your safety.

II. Record Keeping

I keep very detailed records. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I provide a copy of your file to any party you choose.

III. Diagnosis

Diagnoses are effective in creating and implementing treatment planning. Most insurance companies require a mental health diagnosis to receive payment.

Responsibilities of the Client

Initial sessions are usually 90 minutes in length and all proceeding sessions are usually 45 minutes, unless otherwise stated. You are expected to come to your sessions on time. If you are late, we will end as scheduled. If a session is missed without cancelling or cancelled with a less than twenty-four hour notice, the client is expected to pay $50 for the missed session at the next scheduled meeting. I cannot bill your insurance for a missed session. The only exception to this rule is if an emergency situation prevents your attendance and your ability to provide a twenty-four hour notice. Clients will be asked to reschedule if more than 15 minutes late and will be charged a missed session fee if applicable.

You are responsible for paying for your sessions unless prior arrangements have been made. My fees are as follows: $60 for 30 minute sessions, $90 for 45 minute sessions, $120 for 60 minute sessions and $180 for initial sessions.

You are responsible for providing me with the information necessary to bill insurance for my services. All payment from the client is due before the session begins. You are responsible for any amount not covered by insurance.

Clients are asked to participate in Client Rating Scale (CRS) at the beginning of each session and an Outcome Rating Scale (ORS). The CRS provides a picture of how well the client has been doing over the previous week and the ORS provides a picture of how effective the therapist is being.

Court Attendance/Documents

Fees for preparing court documents are $200 per hour. A non-refundable deposit of $500 is due at the time of the request. The remaining balance is due before the document is released.

Any court appearances by the therapist will be charged at $1500 per eight hour day and $200 for each additional hour in the same day. A half a day, four hours and less, court appearance will be $750 and $200 for each additional hour.

Any documentation required outside of copies of session notes and treatment plans will be billed at $50 per 30 minute increment.

Interns

Bachelors and Masters level interns volunteer at this practice. They may be involved in any part of patient care except for direct clinical service delivery. This may include them sitting in on sessions. They adhere to the same professional standards as the clinician. You can opt to not allow the interns to sit in on your sessions. Please discuss preferences with the clinician.

Client Consent to Psychotherapy

I have read this statement and I consent to the guidelines set within it. I understand that I can terminate therapy at any time but it is recommended that the therapist and client plan for termination of services, whenever possible. I understand my rights and responsibilities as a client. I agree to participate in therapy with Renewed Minds PLLC.

Signed: _____

Print Name: _____

Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____