

SPECTRUM COUNSELING

Counseling Agreement Informed Consent

THE RAPUEPIC RELATIONSHIP

The relationship between client and therapist is very important and different from other relationships. The therapists' responsibility is to listen, make observations, and reflect back thoughts, behaviors, feelings, values, and beliefs that may be interfering with the clients' ability to accomplish life goals. The client is expected to talk freely, honestly, and openly about feelings and life experiences. Therapy can result in a number of benefits, including improved relationships and a reduction in psychological symptoms. However, there is no guarantee that therapy will yield positive or intended results. Creating lasting change takes time and effort. A client is free to terminate therapy at any time. The therapist is also free to refer the client for specialized treatment and/or discontinue therapy if a client is resistant to treatment. The therapist will make referrals for a change in treatment if, and when it is necessary for continuance of care.

HIPPA COMPLIANCE

Spectrum Counseling is in compliance with HIPAA, the Health Insurance Portability and Accountability Act. A copy of HIPAA requirements and compliance will be available to you upon request. Client information is kept strictly confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the clients' legal guardian. Noted exceptions are as follows:

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. Please note that not all emails and text messages are HIPPA compliant.

EXCEPTIONS TO CONFIDENTIALTY

As a mandated reporter in the state of Minnesota your therapist is legally obligated to violate confidentiality under the following circumstances:

- ♣ When the therapist has reason to suspect that the client has been, or is currently, involved in the abuse or neglect of child
- ♣ When the therapist has reason to suspect that the client has been, or is currently, involved, in the abuse or neglect of vulnerable adults
- ♣ If a client is pregnant and taking street drugs
- ♣ If the client reports sexual misconduct by another counselor
- ♣ If a client is a serious danger to themselves, i.e., if suicidal
- ♣ If a client is a serious danger to someone else, i.e., if homicidal
- ♣ If the courts order copies of records.

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CONFIDENTIALTY EXCEPTIONS FOR MINORS

Parents and guardians have a legal right to access a minor client's records. However, minor clients do have the rights to complete confidentiality in obtaining counseling at age 16-18 (the age of consent), for pregnancies and associated conditions, sexually transmitted diseases, and information about alcohol or drug abuse. A health professional may inform a minor's parent or guardian of treatment if, in the professional's judgement, failure to inform the parent or guardian would seriously jeopardize the minor's health

APPOINTMENTS

Routine therapy appointments are 45-60 minutes in length. You and your therapist will work together to personalize a schedule to fit your needs. To make, or change an appointment, call 612-226-9301 or go to theraportal.com to set up a secure account.

CANCELLATION POLICY

If you need to cancel or reschedule an appointment for any reason, please do so 24 hours in advance. You will be charged \$75 for appointments not cancelled within 24 hours. Exceptions will be made in cases of emergency, illness, or severe weather.

HOURS AND EMERGENCIES

You may leave a message anytime at 612-961-3111. Calls are typically returned within 24 hours. If you need immediate assistance, please call 911, or you may call 211 (United Way First Call for Help, or the Crisis Center at 612-873-3161. Please go to the nearest hospital emergency room if necessary. Fees for telephone contacts will be prorated, based on the standard hourly fee.

COMPLAINTS

You are urged to discuss with your therapist any questions, concerns, or problems you may have about the therapy you receive. Oftentimes, part of the therapeutic process involves working through misunderstandings or misconceptions. You also have the right to file a complaint with the Minnesota Department of Health, 121 East 7th Street, St. Paul, MN 55101 (612-623-5522), The Minnesota Board of Marriage and Family Therapy, 2829 University Ave SE, Minneapolis, # 400, MN 55414, The Minnesota Board of Behavioral Health & Therapy, 2829 University Ave SE # 210, Minneapolis, MN 55414. You may also contact: U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 Customer Response Center: (800) 368-1019 Fax: (202) 619-3818 TDD: (800) 537-769 Email: ocrmail@hhs.gov

DISCHARGE INFORMATION

If you wish to discontinue therapy at any time, please let me know so we can set up a final session. If you do not schedule an appointment within 60 days of your last appointment, you will be discharged as a client of Spectrum Counseling, LLC. I will keep your file open for one year should you decide to return to therapy again. If you return to therapy after one year a new intake session will be required.