

# SPECTRUM COUNSELING, LLC

## Counseling Agreement

12805 Highway 55, Suite 402  
Plymouth, MN 554410

### TERAPUETIC 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.

### LIMITS OF CONFIDENTIALTY

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:**

#### **Abuse of Children or Vulnerable Adults**

If a client states or suggest that he or she has knowledge of neglect, physical, or sexual abuse of children, and/or vulnerable adults, the mental health professional is required to report this information to the appropriate social services and/or legal authorities.

#### **Threats of suicide**

When a client discloses intentions or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

#### **Threats of harming another person**

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.

#### **Prenatal Exposure to Controlled Substances**

Mental health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

#### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records

## APPOINTMENTS

Routine therapy appointments are 38-52 minutes in length. This is based on time allotments by the American Medical Association. If your appointment lasts more than 52 minutes it is considered an extended visit and may be subject to prior authorization by your insurance advisor. 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 email: [spectrumappt@gmail.com](mailto:spectrumappt@gmail.com).

## CANCELLATION POLICY

If you need to cancel 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**, you may call **211** (United Way First Call for Help, or the Crisis Center at **612-873-3161** or **911**). Please go to the nearest hospital emergency room if necessary.

## 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 7<sup>th</sup> Street, St. Paul, MN 55101 (612-623-5522).

## FEE POLICY

1. The fee of **\$ 150.00 per session** is payable at the beginning of each session unless other arrangements have been made. **The intake session fee is \$ 225.00.** You may use cash, check, or credit card.
2. The client is fully and directly responsible to Spectrum Counseling for the payment of services rendered. Insurance coverage differs, so please check with your insurance company to determine the requirements for mental health coverage.
3. Additional fees will be charged for psychological testing.
4. If payment becomes a problem, you are encouraged to discuss this directly with your therapist to consider other alternatives.
5. If fees change during the course of treatment, you will be given adequate notice of these changes.
6. You will be charged \$75.00 for missed appointments or appointments cancelled with less than a 24-hour notice (except in cases of illness, emergency or severe weather).
7. Fees for telephone contacts will be prorated, based on the standard hourly fee.
8. Overdue payments will be assessed a 5% monthly interest fee.

