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Informed Consent and Services Agreement with Judith Pinke, MA, LMFT, and Notice of Policies and Practices to Protect the Privacy of Your Health Information

This document contains important information about our professional services and business policies. It also contains information about our policies and practices to protect the privacy of your health information. Please read it carefully and discuss any questions you may have with me. When you sign this document, you will be stating that I provided you with this information and it will represent an agreement between us.

PSYCHOTHERAPY SERVICES

Psychotherapy varies depending on the therapist, the client, and the client's particular situations and goals. I may use many different methods to deal with your particular situations and goals. In order for therapy to have the best outcome, you will have to invest energy in the process and work actively on things we talk about both during and between our sessions.

Psychotherapy can have benefits and risks. The risks may include experiencing intense or uncomfortable feelings like sadness, guilt, anger, anxiety, or frustration when discussing aspects of your life or relationships. Research shows psychotherapy to have benefits that can include better relationships, solutions to specific problems, increased life satisfaction, improved coping with health conditions, and significant reductions in feelings of distress. However, it is impossible to predict or guarantee what you will experience.

Our first few sessions will involve an evaluation of your situation and needs, and we will discuss your goals. During this time, we can both decide if I am the best person to provide the services you need. Psychotherapy can involve a significant investment of time, energy, and money, so it is important that you select a therapist you are comfortable working with. If at any time you have questions about some aspect of our work together, please discuss them with me. I am happy to explain any techniques or theories I use. If you decide that you do not want to continue in therapy with me, please tell me. If you want me to help you find another therapist or other appropriate resources, I will do so.

SESSIONS

I schedule 50-minute sessions or 80-minute sessions with clients usually once per week and at a time we agree on. If you arrive late for an appointment, we will only be able to meet for the remaining time of our scheduled 50 minutes or 80 minutes. Sometimes I will meet with you more or less than once per week, if that is consistent with a treatment plan we both agree to.

If you ever need to cancel a scheduled therapy session, please do so at least 24 hours in advance. If you do not cancel a scheduled appointment with at least 24-hours' notice or if you fail to attend a scheduled session, you are expected to pay the full fee for that session, unless we both agree that you were unable to attend due to circumstances beyond your control.

PROFESSIONAL FEES

My fee is \$120 for each 50-minute session or \$180 for an 80-minute session. In addition to our regular sessions, I charge \$120 per hour for other professional services you may need, although I will break down the hourly cost into 15-minute increments if I work for periods of less than one hour. Other services include report writing, telephone conversations we may have lasting longer than 15 minutes, attendance at meetings or consultations with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other professional service that you may request.

If you become involved in legal proceedings that require my participation, you are expected to pay for my professional time even if I am called to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$175 per hour for preparation and attendance at any legal proceeding and will bill you directly for expenses due to my participation. If I need to consult an attorney during this process, the attorney's fees will be reimbursed by you.

BILLING AND PAYMENTS

You are expected to pay the full fee at the time of each session unless we agree in advance. I accept payments by check, cash, or selected credit cards. If your insurance policy provides out-of-network benefits which you choose to use, I will issue a statement of services you can use to request reimbursement from your insurance.

Payment schedules for other professional services will be agreed to when they are requested. If you make a payment by check and your check does not clear due to insufficient funds or any other reason, you will be expected to reimburse us in full for any related bank fees that we are charged as a result. Collection costs, if any, will be paid by you.

CONTACTING ME

I am often not immediately available by phone, because I do not answer the phone when I am in sessions with clients. Calls go to my voicemail when I am unavailable, which I check regularly during weekdays. I will make every effort to return your call as soon as possible (usually within a few hours and almost always within 24 hours). If you will be difficult to reach, please leave times you will be available. If you want me to use discretion when calling you or leaving a message for you, please let me know in advance.

At times when I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary.

If you are in an emergency situation, call the Crisis Connection (612 379-6363) or your local emergency services (911) or call or go to the nearest hospital emergency room and tell them what is happening. I will get back to you as soon as I possibly can in such situations, but I may not be able to get back to you right away in all cases.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to examine and/or receive a copy of your records if you request it in writing. In order to see your records, we will need to discuss the contents together. Because these are professional records, they can be misinterpreted and/or be upsetting to people who are not mental health professionals. If you prefer not to discuss them with me and I believe that seeing them could be emotionally damaging, I will send them to a mental health professional of your choice. I reserve the right to charge you for the costs of copying and sending your records if you request them.

CONFIDENTIALITY

Your mental health information is confidential, and I take measures to insure their confidentiality. However, therapists are mandated reporters, which means that in certain circumstances, I am required by law to release information without your consent. These situations are described below. Please read these situations and be sure to ask any questions about them.

- If you make a specific threat to harm yourself or someone else (and the risk of danger is deemed imminent), I must take appropriate steps to protect you or warn the appropriate parties.
- If I suspect you have physically or sexually abused or neglected a child or vulnerable adult, I must make a report to the proper authorities. This includes some cases of domestic abuse when a child is exposed to weaponry or is physically threatened and/or used as a weapon.
- If you are pregnant and using a controlled substance, such as heroin, cocaine, phencyclidine, methamphetamine, or their derivatives, I must make a report to the proper authorities.
- When there is a court order to release your records to the legal authorities.

While I am not an attorney, please discuss any questions or concerns you have about confidentiality with me at any time. If you have specific legal questions about the laws regarding confidentiality, the exceptions, and how it may relate to your situation, please seek formal legal advice from an attorney.

Please note: Of various forms of electronic communication, email is generally the least secure, so I ask you to be cautious about information you include in emails. I attempt to use email only for administrative tasks (appointments, sending you forms, etc.); however, I recognize that sometimes you may wish to be specific.

OTHER CLIENT RIGHTS

If you want, I will discuss with you more details about any of the following:

- You have the right to request and receive from me confidential communication of your protected health information by alternate means or at alternative locations. For example, you can request that I send any correspondences to an address other than your home address if you do not want a family member to know that you are in therapy with me.
- You have the right to request that I change information in your record. I require such requests in writing along with your reasons for your requested changes. I may deny your request.
- You generally have the right to receive an accounting of any disclosures I have made of your protected health information that did not require your authorization. If you want, I will discuss with you more details about this process.

