

**Direct: 651- 408-3174**

**[debranelson@beyondthebraintherapies.com](mailto:debranelson@beyondthebraintherapies.com)**

**Fax: 651- 464-2289**

**INFORMATION FOR NEW CLIENTS**

**(2020 Informed Consent)**

**The following statements are presented to insure that you are aware of your rights and responsibilities. If you have any questions, please ask your Practitioner.**

*Please check each box to indicate that you have read and understood the information within each section:*

***What You Can Expect During Therapy***

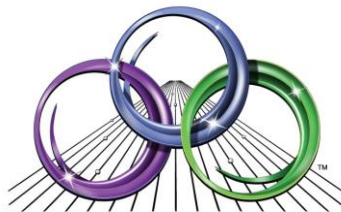
The therapeutic process cannot be easily described because it varies depending on the health practitioner, the client, resources and the presenting circumstances.

Therapy has both benefits and risks. It can lead to a significant reduction of distress, to better relationships, and can lead to resolutions of specific issues. We cannot, however, guarantee what will happen. During the healing process, the risks may include uncomfortable feelings of sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. Therapy involves a commitment of your time, money, and energy, so it is important that you are comfortable working with your practitioner and are willing to provide accurate information about yourself so you can receive the most effective treatment.

We want you to be satisfied with the quality of service you receive. If you have any questions or concerns, please talk to your practitioner immediately. If the issue remains unresolved, you may talk to owner Debra Nelson, MA LMFT at 651-307-4993. If you need to consult further, you may contact the Minnesota Board of Marriage and Family Therapy (612) 617-2220 to discuss your concerns. We are here to listen and hope you will feel safe.

***Overview of Services Provided***

We are licensed health providers who work with individuals of all ages, couples, and families on a broad range of issues such as mental health, stress, trauma, anxiety, relationships, grief, PTSD, conflict, developmental goals, career, spirituality, academics, and other issues. We work as an integrated team; each practitioner has a variety of specializations and skills.



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Counseling sessions are generally 45 to 60 minutes in length. Biofeedback is usually 90 to 120 minutes. If you would like to secure a specific weekly time of the week, please advise your practitioner. Therapy will be based on treatment goals (weekly or bi-weekly).

***Privacy and Confidentiality***

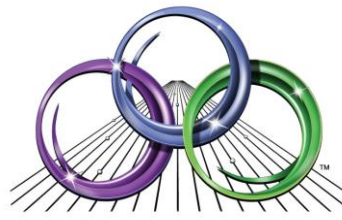
All information disclosed within sessions and any written records are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law.

I (the client) understand that disclosure is required by law in the following instances:

- Therapists must report known or suspected cases of incest, abuse, or neglect of children or vulnerable adults.
- Therapists must report when any client makes a specific threat of violence against another person, or if the therapist believes the client presents a clear, imminent risk of serious physical harm to self or another person.
- Parents and in some cases, legal guardians, have a right by law to information in children's files. Minors also have a right, again by law, to request that data be kept from their parents. Minnesota law requires that this request be in writing, that the child explains any reasons for withholding data from his/her parents, and show an understanding of the consequence of doing so.
- Disclosure may be required in pursuance to a legal proceeding. I understand that information, records, or testimony about me may have to be produced if there is a court order or subpoena.

I understand that each individual involved in couple, family, or group therapy must provide written authorization before the therapist can disclose any information outside the treatment context. Within couple, family or group therapy, the therapist cannot share individual confidences with the rest of the members of the therapeutic unit without written permission from the individual. Your therapist will ask for your signature on releases of information for interoffice teaming when you both agree that it is appropriate.

***Client Records***



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I understand that a record is kept about me and my therapeutic work. My "Clinical Record" including why I am seeking therapy; my diagnosis; treatment goals; progress towards those goals; any medical/mental health and social history that I give to my therapist; any treatment records or consultations from other providers that I have authorized; my billing records and contact information; and any reports that my therapist releases to anyone else with my permission. This information is available to me, to anyone whom I authorize to receive it, to the billing company my therapist works with, and as required by law.

In addition, a set of "Psychotherapy Notes" is kept in my file. These notes are for my therapist's own use, and help my therapist document the areas we have covered, record important information for my therapist to remember later, and track if and how therapy is helping me. These notes can include the dates and contents of my conversations and ideas that my therapist wishes to explore with me in therapy. They also include any particularly sensitive information that I reveal in therapy that is not part of my Clinical Record. These Psychotherapy Notes are not available to anyone else unless I specifically authorize their release. My insurance company can request and receive a copy of my Clinical Record, but they cannot receive a copy of my Psychotherapy Notes without my specific and written Authorization. They further cannot deny me coverage if I refuse to release the Notes to them.

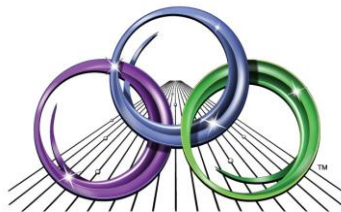
I can see either or both sets of records if I request this in writing. However, because of both the sensitive and the professional information in these records, they can be misunderstood and misinterpreted. Thus, my therapist may choose the information I can see, and this information is given to me to look over in my therapist's office so that I have a chance to have my questions answered. After that, I may have a paper copy of them, or I may have them sent directly to another professional of my choice if I authorize this. There may, however, be an administrative fee for having my records copied and mailed.

I understand that my records will remain in a confidential area for seven years after termination of my therapeutic relationship, at which time my file will be shredded. Any information kept electronically will be securely stored and destroyed after ten years.

**Office Policies**

It is my right to withdraw from treatment at any time. Ideally, I will communicate when I am finished with therapy and allow for a final session. Your health professional can provide referrals to other therapists both within the agency and/or to outside agencies if you don't feel connected or satisfied with your practitioner. No one will hold it against you.

**Billing for Services:** Insurance companies are billed a minimum flat fee of \$190.00 per one-hour session and \$75 minimum for 30 minutes of additional time. This is discussed at the start of services so that we can plan accordingly. **While some insurance companies cover the total amount of therapy or biofeedback services, others do not.** Make sure to have called your insurance company ahead of time.



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Private pay or cash payments will be negotiated utilizing a sliding fee & Private Pay Agreement. Other payment methods include HSA accounts, Credit Cards, Debit Cards, Cash, Check and PayPal on our website. You go online to our website [www.beyondthebraintherapies.com](http://www.beyondthebraintherapies.com) or submit a payment at the time of service directly to your health professional.

**Appointments:** We strongly request that you give a notice of 48 hours – 2 business days when changing appointment times. We understand that a waiver for an emergency may be needed and that can be negotiated with your Practitioner. Any cancellation for services without this notice will result in a fee: \$75 for first one-hour session or \$150 for 1.5 hour missed session. A \$100 fee will be applied for each subsequent one-hour sessions missed or \$150 for 1.5-hour sessions missed. We are diligently respectful of time and hope you will be also. With that said, we do our best but there are times when sessions run over the expected end time. We do ask for your patience and understanding.

**\*If at any time you have an emergency, you should call 911 or 24 hour crisis**

**866-379-6363 as we do not have emergency staffing.**

***Relationships***

It is unethical for health practitioners to have casual, sexual, social or financial relationships with a client or his/her family member outside of therapy. A copy of the "Bill of Rights of Clients" is visible in the lobby. Therefore, no outside time-outside of therapy is allowed.

***Consent to Treatment***

I knowingly give my consent to therapy and/ or biofeedback/neurofeedback services.

My signature below indicates that I understand and agree with the above statements in each section of this document. I also understand that the therapeutic process isn't guaranteed, and my health professional is here to educate me on possibilities.

I have received a copy of "The Health Information Privacy" document and have had an opportunity to discuss any questions or concerns I have about how PHI is being managed.

X

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***Signature of Client***

[www.beyondthebraintherapies.com](http://www.beyondthebraintherapies.com)

***Date***

[www.counselingsolutionsmn.com](http://www.counselingsolutionsmn.com)