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Therapy Policies Agreement

This document provides information about my professional services and policies. Please read it over carefully and discuss with me any concerns or questions you may have. By signing it, you are agreeing that you have been provided with this information and that you understand and agree to these terms. You are also agreeing that you have received the Notice of Privacy Practices (HIPAA) and the Client Bill of Rights and have been provided an opportunity to review them and ask questions.

Therapy Services

Research consistently shows the best predictor of success in therapy is a good relationship between therapist and client. We will spend the first few sessions getting to know one another as we discuss your current situation and what your particular needs may be. Since therapy can involve a significant output of your time, energy, and resources both in session and between sessions, it's important you work with a therapist with whom you connect and trust. If after a few sessions we determine I am not be the best fit for you and your particular situation, I will be happy to help you find another therapist.

Therapy can be a challenging and dynamic experience, unique to each client. People move through the therapeutic process at different rates and in different ways. It is possible to have periods of increased symptoms during therapy, as challenging topics and emotions are brought up. It is not possible to guarantee any particular outcome for therapy. Outcomes will be largely impacted by the effort you bring to the process, both during and between sessions.

I typically schedule 50-minute sessions, with payment due at the end of each session. Couples often find it useful to schedule longer sessions; this can be negotiated as needed. Discernment counseling is a unique process, with its own structure and timing. The first discernment session is 2 hours, with any following sessions scheduled for 90 minutes.

For more information about the services I provide, check my website at http://www.jenmcvann.com/services.

Billing and Payments

I am an in-network provider with BlueCross BlueShield of Minnesota and PreferredOne.

While I will submit directly to these companies for you, it remains your responsibility to understand your plan's limitations, deductibles, and exclusions. If you have coverage questions, call the member service number on the back of your insurance card. Per your agreement with your insurance company, you are required to immediately pay any copayments, deductibles, coinsurances, or other amounts your insurance company determines as payable by you. You are also responsible for any charges not eligible or covered by your plan. Please let me know immediately about any updates or changes to your insurance coverage, as you will be responsible for anything not covered due to inaccuracy.

I am an out-of-network provider with all other insurance companies. In these cases, I do not bill your insurance company directly. Instead, you pay for the session out of pocket and then may submit to your insurance for reimbursement yourself. I will provide the necessary documentation upon request. Plans and requirements for reimbursement vary; please contact your insurance company to determine your out-of-network benefits. Flexible spending accounts or health savings accounts may also be used.

Fees

Typical sessions are $150 per 50-minute hour. Couples often find it useful to schedule longer sessions; fees can be discussed to determine feasibility.

Due to the nature of the work, discernment counseling requires longer sessions. The initial session is 2-hours and charged accordingly; any subsequent sessions are 90 minutes. Insurance may cover part or all of this, using either in-network or out-of-network benefits. The discernment counseling process usually takes between 1-5 sessions.

I accept cash, check, or credit card. If you pay by check and the check does not clear, you will be charged a $40 fee in addition to original amount.

I request a minimum of 24 hours notice for cancellation; less than this will result in a charge of $125. No shows are also billed at $125. These charges are billed to you and not covered by insurance.

To help minimize the chance of incurring these fees, I offer email reminders two days prior to your appointment. These reminders are sent as a courtesy and, due to factors regarding the reliability of technology, should not be relied upon as the sole manner of tracking your upcoming appointments.

Initial the box that indicates your preference about receiving these reminders:

_____ I would like email reminders.
_____ I would not like email reminders.

Confidentiality

Your mental health information is confidential, as governed by federal (HIPAA) and state law. There are, however, some limitations to this confidentiality:

- I am obligated to report any maltreatment of minors or vulnerable adults. This includes physical abuse, sexual abuse, or neglect. It also includes any prenatal exposure to controlled substances.
- I am obligated to report any serious harm you intend to inflict on yourself or others.
- I am obligated share information if directed by Court Order.
- I am obligated to share information with licensing boards, when pertinent to a disciplinary proceeding involving me.
- I may consult with other licensed providers to help ensure highest quality of care. I will ensure confidentiality by refraining from using names or other identifying information.

When working with couples, I may, at times, choose to work with each partner individually. During those times, the rules of confidentiality apply only to those in the room. This means I hold the confidence of each partner separately. As this can add complexity, I am happy to clarify more about this policy in session.

Minors have limited rights to confidentiality, which increase with every year of age. Parents have access to minor clients' records, unless deemed harmful to the client by therapist. Minors are, however, afforded full confidentiality when obtaining counseling for pregnancy & associated conditions, sexually transmitted infections, and issues of drug and alcohol abuse.

Release of Information

Most of the information we discuss will be held confidential, barring the exceptions noted above. I cannot, however, assure complete confidentiality regarding how your insurance company handles your information, should you choose to use insurance.

Your client record is legally the property of Jen McVann Therapy, LLC. You may have access to information contained in your file, when requested in writing, unless I believe that doing so would be emotionally damaging to you. In that case, I will release them to the mental health professional of your choice. Information can be released to others only upon your written release of information (forms are provided on website). I reserve the right to charge for copying and sending your records if you request it.

There may be times when it is beneficial for me to coordinate care with your primary care physician. Please let me know what, if any, contact you would like me to have with you primary care provider (initial ***one***):

_____ I do not have a primary care provider.

_____ I do not want therapist to release my information to my primary care provider at this time.

_____ I request therapist to release my information to my primary care provider **and** I have completed the Release of Information form required (separate form).

In cases of emergency, including concerns about personal safety, I may disclose your health information to the emergency contact listed here:

Emergency Contact: _____ Contact Phone: _____

Relationship to Client: _____

Contacting Me

Due to the nature of my work, I am often in session and unable to answer the phone immediately. You are free to leave me a confidential voicemail. I will typically return calls during business hours. If you would like me to use discretion when returning your call, please let me know in advance.

While I do not use email to discuss therapeutic content, I frequently use email to discuss logistical issues like scheduling, balances, payment information, etc. Email is not a secure medium of communication. Should you elect to email me, I cannot guarantee the safety and security of that communication.

Initial ***one*** to show your preference:

_____ I accept the risks and choose to email therapist for logistical issues only.
_____ I prefer not to email therapist.

If you are in an emergency situation, please call the Crisis Connection at (612) 379-6363 or call 911. You may also go to the nearest emergency room.

Legal Proceedings

Due to the nature of the therapeutic process, clients often disclose confidential information they would not want revealed in court. In an effort to protect this space and the therapeutic relationship, I do not perform court evaluations or appear in court on behalf of clients. I am not trained for, nor do I maintain records with the intended purpose of court involvement.

Should I, or my records, be called to court by a court order or subpoena, I will charge the full amount applicable under the law for my services. In the event that it is necessary, by court order or subpoena, for me to testify before any court, arbitrator, or other hearing officer at a deposition, you agree to pay me for my services, including but not limited to travel, necessary expenditures (copies, parking, meals, etc.), time spent speaking with attorneys, reviewing records and preparation of reports at the rate of $250 per hour, rounded to the nearest half hour. You agree to pay a retainer fee of $2,000.00 two weeks prior to the appearance, presentation of records, or testimony requested.

Acknowledgement of Therapy Policies Agreement

I have received the Notice of Privacy Practices (HIPAA) and the Client Bill of Rights and I have been provided an opportunity to review them and ask questions. My signature indicates my consent to treatment. The nature, purpose, risks, and benefits of treatment have been explained to me; I agree to the above conditions for services. In cases of emergency including concerns about personal safety, therapist may disclose my health information to the emergency contact listed above.

Client Signature	Date
Parent or Guardian Signature, if client is a minor	Date