

MARNA REED, MA, LP  
1710 Douglas Drive, Suite 275 GOLDEN VALLEY, MN 55422  
MARNAREED.COM  
763-546-6718

### **Office Policies & Informed Consent for Psychotherapy**

*This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices and is subject to HIPAA preemptive analysis.*

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to Ms. Reed that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by Ms. Reed. In couples and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. Ms. Reed will use her clinical judgment when revealing such information. Ms. Reed will not release records to any outside party unless she is authorized to do so by all adult parties who were part of the family therapy, couples therapy or other treatment that involved more than one adult client.

**EMERGENCY:** If there is an emergency during therapy, or in the future after termination, where Ms. Reed becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process their claims. Your contract with your health insurance company requires that Ms. Reed provide it with information relevant to the services that she provides to you. She is required to provide a clinical diagnosis. Sometimes she is required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. By signing this agreement, you agree that she can provide requested information to your carrier. Submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, and privacy, or to obtain life insurance or even a job. The risk stems from the fact that the mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

**CONSULTATION:** Ms. Reed consults regularly with other professionals regarding her clients. Each client's identity, however, remains completely anonymous and confidentiality is fully maintained.

**EMAILS, CELL PHONES, COMPUTERS, AND FAXES:** It is very important to be aware that computers and unencrypted email, texts and fax communications can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts and e-faxes, in particular, are vulnerable to such unauthorized access because servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. While data on Ms. Reed's computer is encrypted, emails and e-faxes are not. It is always a possibility that

the emails, texts, and e-faxes, may be sent to the incorrect address and computer. Ms. Reed's computer is equipped with a firewall, a virus protection and a password. She backs up all confidential information from her computer on a regular basis onto an encrypted hard-drive. Please notify Ms. Reed if you decide to avoid or limit in any way the use of email, texts, cell phones, phone messages or e-faxes. If you do communicate confidential or private information via unencrypted email, texts or e-fax or via phone messages, Ms. Reed shall assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters. Do not use texts, voice mail, email or faxes to communicate emergencies to Ms. Reed. If you have an emergency, Ms. Reed expects that you shall contact 911.

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** Both the law and the standards of Ms. Reed's profession require that she keep treatment records for at least 10 years. Unless otherwise agreed to be necessary, Ms. Reed retains clinical records for only as long as is mandated by the State of MN. If you have concerns regarding treatment records, please discuss them with Ms. Reed. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Ms. Reed assesses that releasing such information might be harmful in any way. In such case, Ms. Reed shall provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, Ms. Reed shall release information to any agency/person that you specify unless Ms. Reed assesses that releasing such information may be harmful in any way. When more than one client is involved in treatment, such as in cases of couples or family therapy, Ms. Reed shall release records only with signed authorizations from all adults (or all those who legally can authorize such a release) involved in the treatment.

**TELEPHONE AND EMERGENCY PROCEDURES:** If you need to contact Ms. Reed between sessions, please leave a message at her primary number of **763-546-6718** and your call shall be returned as soon as possible. Ms. Reed checks her messages a few times during the workday only. If an emergent situation arises please indicate this clearly in your message. If you need to speak with someone immediately, call **911** or The Crisis Connection at **612-379-6363**.

**PAYMENTS & INSURANCE REIMBURSEMENT:** Ms. Reed's fees are \$130/50 minute session. Regarding insurance, please see Ms. Reed's financial and office policy. Ms. Reed will file your insurance claim as a courtesy to you. Please notify her if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the client, and not to the insurance companies. Ms. Reed has a 24-hour cancellation policy. Insurance does not pay for late cancellations or no-shows. Therefore late cancellations and no-shows are the complete responsibility of the client (not just the co-insurance or co-pay, but the **entire** fee for the missed session.) Submitting a claim to insurance carries a certain amount of risk. Insurance companies do not reimburse for all issues/conditions/problems that are dealt with in psychotherapy. It is your responsibility to verify the specifics of your coverage. If your account is overdue (*unpaid*) and there is no written agreement or payment plan, Ms. Reed may use legal or other means (courts, collection agencies, etc.) to obtain payment.

**LITIGATION AND LIMITATIONS:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you nor your attorney(s) nor anyone else acting on your behalf shall call upon Ms. Reed to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**MEDIATION & ARBITRATION:** All disputes arising out of, or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a precondition of the initiation of arbitration. The mediator shall first be a neutral third party chosen by agreement of Ms. Reed and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Minneapolis, MN in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no

agreement on a payment plan, Ms. Reed may use legal means (court, collection agencies, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

**THE PROCESS OF THERAPY/EVALUATION AND THE SCOPE OF PRACTICE:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thought processes, feelings, and/or behavior. Ms. Reed will ask for your feedback and view on your therapy, its progress and other aspects of the therapy, and will expect you to respond openly and honestly. Sometimes, more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing discomfort or strong feelings of anger, sadness, worry, fear, anxiety, depression, insomnia, etc. Ms. Reed may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause one to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not initially intended. Participating in the psychological process may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be swift, but more often will be slow and even frustrating. Stable personalities simply do not change as quickly as we would like. And there is no guarantee that therapy will yield positive or intended results. During the course of therapy, Ms. Reed is likely to draw upon various psychological approaches including but not limited to supportive therapy, behavioral, cognitive-behavioral, psychodynamic, existential, developmental, humanistic or psycho-educational approaches. **Ms Reed does NOT provide medical leave of work evaluations, custody evaluation recommendations, medication or prescription recommendations, or legal advice, as these activities do not fall within her scope of practice.**

**TREATMENT PLANS:** Within a reasonable period of time after the initial treatment session, Ms Reed will discuss with you her working understanding of the issues, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. If you have any unanswered questions about approaches used in the course of your therapy, please ask, and your concerns will be addressed. You also have the right to ask about alternative treatments for your situation, their risks and benefits.

**TERMINATION:** As mentioned above, after the first couple meetings, Ms. Reed shall assess whether or not she may be of assistance to you. Ms. Reed does not work with clients who, in her opinion, she cannot help. In such a case, if appropriate, she will give you referrals that you may contact. If at any point during psychotherapy Ms. Reed assesses that she is not being effective in helping you reach the therapeutic goals or perceives you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do so, she will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate or necessary, she will give you a couple of referrals that may be of help to you. If you request it, and authorize it in writing, Ms. Reed will speak with the psychotherapist of your choice in order to assist with your transition. You have the right to terminate therapy and communication at any time.

**MINORS IN THERAPY:** If you are under eighteen years of age, please be aware that the law may give your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. It is Ms. Reed's policy to request a written agreement from your parents or guardians indicating that they consent to give up access to such information and/or to your records. If they agree, Ms Reed will provide them only with general information about your treatment, subject to your approval, or if she feels it is important for them to know in order to make sure that you and people around you are safe. If Ms. Reed feels that there is a high risk that you will seriously harm yourself or another/others, she will use her judgment to appropriately notify your parent/guardian or another/others, she will use her judgment to appropriately notify your parent/guardian(s) and involve them in your treatment. Before giving any verbal or written information, Ms Reed will discuss the matter with you, if possible, and do the best she can to resolve any differences that you and she may have about what she is prepared to discuss.

**SOCIAL NETWORKING AND INTERNET SEARCHES:** At times, Ms. Reed may conduct a web search on her clients before beginning therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with her. By policy, Ms. Reed does not accept friend requests from current or former clients on social networking sites, including, but limited to Facebook or LinkedIn. She believes that adding clients as friends on these sites is likely to compromise privacy and confidentiality. For this same reason, Ms. Reed requests that clients do not communicate with her through any interactive or social networking sites.

**CANCELLATIONS:** As the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or canceling an appointment. **Full contracted fees shall be charged to you for sessions missed or cancelled late. Insurance companies do not pay for these sessions.**

**RISKS INVOLVED IN THE USE OF EMAIL OR TEXT:** The transmission of client information via email or texting has a number of risks that clients should consider prior to using email/texting in therapy. These include, but are not limited to the following risks:

- a. Email/Text messages can be circulated, forwarded or stored in electronic files.
- b. Email/Text messages can be immediately broadcast worldwide and received by many intended and unintended recipients.
- c. Senders can easily misaddress email and text messages.
- d. Email/Text messaging is easier to forge than handwritten or signed documents.
- e. Backup copies may exist even after sender and/or recipient has deleted their copies.
- f. Email/Text messages can be intercepted, altered, forwarded or used without detection or authorization.
- g. Email/Text messages can be used as evidence in court.
- h. Email/Text messages can be lost in transmission.

**CONDITIONS FOR THE USE OF EMAIL/TEXTING:** Ms. Reed uses reasonable means to protect the security and confidentiality of emails and texts she sends and receives. However, due to the above outlines risks, she cannot guarantee the security and confidentiality of information sent through these means. Ms. Reed is not liable for improper disclosure of confidential information that is not caused by intentional misconduct. Clients must acknowledge and consent to the following conditions:

1. If clients choose to use email/texting for emergency situations, they must be aware that Ms. Reed cannot guarantee that emails/texts will be received and responded to in a timely manner.
2. Sensitive or complex situations will not be addressed by Ms. Reed via email/text messaging.
3. Any email/text message sent or received is subject to being printed and placed in the client's medical record.
4. Ms. Reed will not forward client's identifiable emails/texts to outside parties without the client's written consent, except as authorized by law and explained in the Rights and Responsibilities.
5. Clients should use their best judgment when considering the use of email/text messaging. Ms. Reed will not be responsible for the content of the messages.
6. Ms. Reed is not liable for the breach of confidentiality caused by the client or any third party when using email/text messaging.
7. The client is responsible to follow up and/or schedule an appointment as necessary.

I give my permission to communicate sensitive information, including financial information with Marna Reed, MA, LP through using (check all that apply):

\_\_\_\_\_ Email

\_\_\_\_\_ Text Messages

\_\_\_\_\_ Phone

**CLIENT ACKNOWLEDGEMENT AND AGREEMENT:** I have read the above policies, carefully. I understand them and agree to comply with them.

Client's Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Client's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marna Reed, MA, LP

\_\_\_\_\_  
Date