

Counseling Policies

Please carefully read through the following Counseling Policies. This document contains important information about our professional services and business policies and expectations of you as the client. When you sign this document, it represents your understanding of all the rules and responsibilities of both the client and the therapist, in addition to understanding the financial terms and agreements.

About Therapy

Therapy is the process of solving emotional problems by talking with a professional trained to help you achieve a more fulfilling individual life, marital/couple relationship, or family relationships. The process of change will, in many ways, be unique to your particular situation. Who you are as a person will help to determine the ways in which you go about changing your life. The process of change begins by first clearly defining the problem, and then discussing your thoughts and feelings, understanding the origin of the difficulty, and developing new skills and healthy attitudes about yourself and others. In some instances, talking about your difficulties may exacerbate your symptoms, however over time you should see an improvement. In addition, not all individuals benefit from therapy or working with a particular therapist.

The relationship between the therapist and the client is the most accurate predictor of success in the therapy. As the client, you have the right to ask your therapist questions about his or her qualifications, professional background, and therapeutic orientation. If at any time during the therapy you have questions about whether or not the treatment is effective, feelings about something your therapist has said or suggested or need clarification of our goals, do not hesitate to bring this up in your session. If you feel that you and your therapist are not the right fit, please contact the intake coordinator at (763) 482-9598 or visit our website – current clients tab - to complete the “Current Clients to See a New Therapist” form. We also welcome you to complete a Satisfaction Survey at the bottom of that webpage to provide us with valuable feedback.

Point of Contact

Your therapist is your primary point of contact for scheduling & account management (payment, statement/receipt requests, & billing questions). You may reach your therapist by calling (763) 482-9598 and leaving a voicemail on your therapist’s extension. Messages will be returned as soon as possible during business days. Email or text messages should ONLY be used for scheduling purposes and may not be checked daily. Please do not rely on your therapist’s voicemail, email, or texting in times of crisis or for an emergency.

To update your insurance information, credit card on file, or to schedule with another therapist within our group, please contact the intake coordinator at (763) 482-9598 or visit our website to complete the Registration Update form.

Emergencies

Your therapist is NOT available for after-hours crisis or emergency situations. In a crisis or an emergency, **please call 911** or go to the nearest emergency room.

- Twin Cities metro area after-hours Crisis Text Line, text MN to 741741
- National Suicide Prevention Lifeline: 1-800-273-8255 (TALK)

Emergency Contact

If there is an emergency with you in our building or in session, we will call 911 and request an ambulance. We will also call the emergency contact person that you list on the Registration form. *Also, if we do not hear from you after a no show missed appointment and have serious concerns regarding your safety, we may reach out to your identified emergency contact Emergency Contact.*

Appointment Reminders

By providing us with your cellphone number and/or email, you are consenting to us contacting you by text or email with an automated appointment reminder. Please be advised that text messages and emails are generally not secure because they lack encryption and we do not know with certainty that the message is received by you. Also, your mobile provider may store the text messages. You may opt out of automated appointment reminders at any time.

- All appointments and cancellations of appointments are made directly with your therapist.
- You are responsible for appointments you schedule whether you receive an automated reminder or not.

Missed Appointments

We require a MINIMUM of 24-hour advance notice for appointment cancellations to avoid a charge. Our late cancellation fee is \$100 and the no-show fee is \$150. It’s important to remember that insurance will not pay for missed appointments, so you will be responsible for the full fee, not just a co-pay. It is up to your therapist’s discretion to require more than 24-hour notice or to charge a higher rate for missed appointments. You are responsible for appointments you schedule whether you receive automated reminders or not.

Revised 12/2023

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending." ~Maria Robinson, author

This cancellation policy is important for a counseling practice because, while a medical doctor can see 30+ patients in a day, your therapist generally sees a maximum of 6 or 7. Your therapist reserves this time specifically for you (a full hour of time for the session and clinical notes). If you cancel with less than a full 24-hour notice, they won't be able to fill that time slot, and will lose an entire hour from their work schedule.

Our cancellation policy is not a penalty or a punishment. The reality is, if you are in counseling long enough, at some point you might forget about an appointment, or something will come up in your schedule that will result in you missing an appointment. Maybe you'll need to work late. Maybe you'll get a sudden onset of the flu. Maybe your kids will have doctor appointments, or your car will break down, or something unavoidable will come up. In return, understand that scheduling an appointment is much like buying tickets to an event. If you miss the event, it doesn't matter why you missed it, or even if it was your first time, you can't turn in your tickets for a refund.

If you are unable to make it to an in-person appointment, it might be an option to see your therapist via teletherapy. This is up to the discretion of your therapist, as some therapy modalities are best processed in person.

Same day scheduling is an alternative if you are unable to commit to a reserved appointment time. Because we have many people who are waiting for appointments, clients who fail or cancel even one appointment without 24-hour notice risk being able to schedule ongoing reserved appointments and will be subject to the therapist's "same day" availability. With same day scheduling, no appointment is reserved for you, and you will need to contact your therapist the morning of the day you would like to meet to see if they have any available times that day to see you.

Successful on-going therapy requires a commitment on the part of the client. It is important that you keep your appointment if at all possible.

Statements & Receipts

Because we are a "fee for service" provider, we do not automatically send billing statements when there is an amount due. Should you need a statement or payment itemization, please request this from your therapist.

Credit Card on File

A valid credit card on file is required for all clients for any missed appointments (see Missed Appointment Policy), for copays/co-insurance and/or deductible responsibilities and any out-of-pocket payments and/or denials not covered by your insurance. Your credit card information is stored in a secure, HIPAA-compliant platform. A non-HSA credit card on file is required as a back-up to any HSA card. The authorized cardholder must complete and sign the credit card authorization. A link to our secure Credit Card Update form is available on our website www.rumrivercounseling.com on the current clients tab.

Payment

Co-pays, co-insurance, deductibles, and ALL out-of-pocket session fees are due at the time of service. We accept Cash, Checks, Credit Cards, or Debit Cards & HSA Cards. To ensure proper credit, please make checks payable to Rum River Counseling, Inc. or to RRC. There is a \$40 service charge for returned checks. Thereafter, payment will only be accepted in the form of cash, credit card or money order.

NOTE: If you have insurance with a deductible, the deductible amount is due at the time of session. Payments collected to satisfy a deductible are based on an *estimate* of your out-of-pocket costs for services provided. Immediately after your session, we file the claim with your insurance company and any payments you make will be credited toward satisfying the deductible under your health insurance plan.

Minors accompanied by an adult other than a parent or guardian, or for unaccompanied minors, charges must be pre-authorized to an approved credit card or paid by cash or check at the time of service.

Please understand that payment for services is considered a part of your treatment & delinquent accounts may result in your dismissal from our practice. You will be subject to collection procedures and/or small claims court, and you will be held responsible for the cost disbursement, including reasonable attorneys, collection, and court fees. We are not obligated to provide continuing services if RRC is named as a creditor in any bankruptcy filing.

Insurance Billing

Our verification of your benefits cannot guarantee accuracy of information received from insurance representatives. It is your responsibility to know what your insurance plan covers and what your financial responsibility is. You must notify RRC immediately if there are any changes to your health insurance coverage or you will be responsible for any denied claims.

Verification of benefit coverage is not a guarantee of claim payment. All benefits are subject to the terms and conditions (e.g. authorizations, network requirements) outlined in your member contract with your insurance company. We have no authority to make representations to you regarding coverage of items or services covered. Please contact your insurance company if you have questions about your coverage.

If your insurance does not pay for your visit within 90 days, you will be financially responsible for payment and asked to handle the claims directly with the insurance company. You are responsible for any and all denials from your insurer regardless of the reason for the denial. **An administrative fee of \$200 may be assessed to your account for claim reprocessing if you do not provide accurate insurance information.**

In compliance with our contracts with your insurance company, a copy of your insurance identification card and you or your legal guardian's driver's license/State ID is required.

Revised 12/2023

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending." ~Maria Robinson, author

Coordination of Benefits

Coordination of Benefits is also called COB. It is your responsibility to update the COB with each insurance company. If you have coverage with more than one insurance company, then the COB rules determine which policy will be the primary, then secondary insurance etc., to ensure that your claims are paid by the correct payer respectively. **Please note, COB needs to be updated even if you or your dependents do NOT have other coverage.** To update COB, simply call the Member Services phone number on the back of your insurance card(s). You are responsible for claims denied due to COB.

Employee Assistance Programs

You must notify us in advance of your first appointment if you intend to use an Employee Assistance Program (EAP). Once services have been provided & billed under insurance, we will not retroactively bill your EAP.

Health Reimbursement Accounts

A Health Reimbursement Account (HRA) is not health insurance and providers are not authorized to access payment information. You will be responsible for ensuring that we have received information regarding any HRA payments to us for your services.

Self-pay & Opt-out of Insurance

You will be considered Self-pay if you do not have insurance, if you present without valid/updated insurance information, or if the services provided are not covered by your insurance. All Self-pay services must be paid for in full on the date of service.

If you have insurance and elect to opt-out of using your insurance, you must sign an Election to Self-pay form. By signing the Election to Self-pay form, you understand that we will not be filing a claim with your insurance company and any payments you make will not be credited toward satisfying any deductible under your health insurance plan. If you wish to revoke this election and resume billing your insurance carrier, you must sign & submit the Revocation of Patient Election to Self-Pay for Services form. *Rum River Counseling will not submit billing to your insurance carrier for previously completed self-pay visits.*

The Good Faith Estimate is a mandate implemented January 1, 2022 by the Federal Government. Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services to prevent "surprise" medical billing and has been applied to all medical providers and facilities. It "forces" medical providers to list fees clearly to clients.

Rum River Counseling has always provided transparency in our billing practices by displaying our fee schedule within our Counseling Policies. Please know that this form does not change any agreements you have already made with us with regard to Self-pay. Your review of this form and signature is required so that we can demonstrate our compliance with the mandate.

Fee Schedule

FEES			
Service/ Insurance Code	Description	Unit	Rate
90791	Intake/Evaluation	45-50 min	\$250
90834	Individual Therapy	38-52 min	\$175
90847 / 90846	Family Therapy	45-50 min	\$225/\$175
90853	Group Therapy	60-90 min	\$150
90837	Individual Therapy Extended	53+ min	\$250
90832	Individual Therapy	16-37 min	\$125
90785	Complexity Add-on	n/a	\$50
Not Billable to Insurance	Life Coaching/Mediation/Intensives	TBD	TBD
Not Billable to Insurance	Late Cancelation / No show	n/a	\$100+/\$150+
Not Billable to Insurance	Returned Check (NSF)	n/a	\$40
Not Billable to Insurance	Administrative Fee for Claim Reprocessing	n/a	\$200
Not Billable to Insurance	Professional Consultation or Coaching	60 min	\$250+
Not Billable to Insurance	Phone calls, Letters & Reports	15 min	\$50+
Not Billable to Insurance	Court Appearances	15 min	\$500+

Revised 12/2023

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending." ~Maria Robinson, author

Animals

No pets allowed. ONLY Service animals specifically trained to aid a person with a disability are welcome.

Unaccompanied Children

Parents or caregivers are responsible for supervising the activities of children with respect to the use of facilities, material, etc. Children under age 10 shall not be left unattended in the waiting area.

Closure & Returning to Therapy

You can end therapy at any point you wish. Discussion of an appropriate termination process is part of therapy & a final session is strongly recommended for closure. If you have been absent for greater than 30 days from therapy and/or have not responded to your therapist regarding scheduling, your file may be closed. If your file is closed or if you have not received services for 90 days or more, you may need to complete another set of intake forms and/or complete a Registration Update form to return to therapy.

Telephone & Electronic Communication

Email or text messages

- are not an appropriate means for communicating about your therapy or about a mental health emergency.
- should ONLY be used for scheduling purposes **and may not be checked daily**.
- your therapist receives from you and any response sent back to you may become a part of your legal record.
- are not considered to be a confidential medium of communication and your therapist is not responsible for any information transmitted via email or text message.

If you communicate confidential or private information via email or text message, it is assumed that you have made an informed decision regarding the risks of confidentiality. A prorated charge is applicable to time spent with you on the phone by your therapist beyond appointment scheduling or similar matters (lasting more than 5 min).

Social Media Policy

To maintain your confidentiality and our respective privacy, we do not interact with current or former clients on social networking websites. We do not accept or respond to friend or contact requests from current or former clients on any social networking sites including; Twitter, Facebook, etc. We will not solicit testimonials, ratings, or grades from clients on websites or through any means. We will not respond to testimonials, ratings, or grades on websites, whether positive or negative, in order to maintain your confidentiality. Our hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly. You may also complete our online survey if you wish to provide feedback for improvement.

Telemedicine

Telemedicine is the delivery of therapy services using interactive audio and visual electronic systems where the therapist and the client are not in the same physical location. The interactive electronic systems used in telemedicine must be HIPAA compliant and incorporate network and software security protocols (encryption) to protect the confidentiality of patient information and audio and visual data.

There are unique risks to Telemedicine, so you and your therapist must agree that Telemedicine is appropriate for your treatment. Insurance may cover Telemedicine, or you may utilize self-pay. Telemedicine fees are the same as outlined in the Fee Schedule.

Teletherapy has the same purpose or intention as psychotherapy conducted in person. However, due to the nature of the technology used, please understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

You have the following rights with respect to teletherapy:

Client's Rights, Risks, and Responsibilities

1. You need to make sure that while engaged in telemedicine, that **you are physically located in Minnesota**, or where your therapist is licensed. Please inform your therapist of your physical location at each telemedicine session.
2. Telemedicine sessions are completely voluntary, and you have the right to withdraw consent to participate at any time. If the therapist believes you would be better served by another form of psychotherapeutic services (e.g., in-person services), you would be referred to a therapist who can provide such services in your area.
3. Laws that protect privacy and the confidentiality of client information also apply to telemedicine. Your therapist will follow the laws and professional regulations of the State of Minnesota or the state where they are licensed.
4. There are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts on

Revised 12/2023

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending." ~Maria Robinson, author

the part of the therapist, that: the transmission of medical or mental health information could be disrupted or distorted by technical failures; the transmission of medical or mental health information could be interrupted or accessed by unauthorized persons; and/or the limited ability to respond to emergencies. You are responsible for providing the necessary computer, telecommunications equipment and internet access for telemedicine sessions and arranging a location with sufficient lighting and privacy that is free from distractions or intrusions. It is the responsibility of the therapist to do the same on their end.

5. Telemedicine sessions may have limitations compared to in person sessions, among those being the lack of “personal” face-to-face interactions and the lack of visual and audio cues in the therapy process. The therapist may discontinue the telemedicine sessions at any time if it is felt that the videoconferencing, text, email, or telephone connections are not adequate for the situation. If the video conferencing or telephone connection drops while in a session, please provide an additional phone line available to contact the therapist or make additional plans with the therapist ahead of time for re-contact.
6. Telemedicine does not provide emergency services. In the event of a crisis or an emergency, or if you feel suicidal, you must immediately call 911, go to the nearest hospital or crisis facility and/or call local county crisis agencies or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24-hour support. If there is an emergency during a telemedicine session, then your therapist will call emergency services and/or your emergency contact. An emergency may include thoughts about hurting or harming self or others, having uncontrolled mental health symptoms, being in a life threatening or emergency situation, and/or abusing drugs or alcohol and are not safe.
7. Fees for telemedicine sessions are the same for in-person psychotherapy as outlined in the Fee Schedule located in the Counseling Policies. In many cases, telemedicine is reimbursed by insurance at the same rate as in-person psychotherapy. Most insurance or other managed care providers do not cover sessions that are conducted exclusively via “telephone.” If your insurance, HMO, third-party payor, or other managed care provider does not cover telemedicine sessions, you will be responsible for the entire fee of the session. It is advised that you contact your insurance company prior to engaging in telemedicine sessions to determine whether these sessions will be covered.

Recordings Are Prohibited

Clients are not allowed to make an audio or video recording of any portion of the session without written authorization from the therapist.

Confidentiality

Therapists & administrative staff at RRC are obligated to respect your right to confidentiality for the information you share within this clinical setting. Confidentiality of client information is governed by the Health Insurance Portability and Accountability Act (HIPAA) and the Minnesota Health Records Act that provide privacy protections and client rights for the use and disclosure of Protected Health Information (PHI). A Notice of Privacy Practices is included for your review.

Limits to Confidentiality

The State of Minnesota laws impose some limitations to your rights to confidentiality. The following is a list of many, but not all situations in which you may lose your right to confidentiality:

- If we suspect physical abuse, sexual abuse or neglect of a child, elderly person, or a vulnerable adult.
- If we believe that you are in danger of harming yourself or another person or you are unable to care for yourself.
- If you report that you intend to physically injure someone, the law requires us to inform that person as well as the legal authorities.
- If we are directed by Court Order to conform to state or federal law, rules, or regulations.
- If your insurance company is involved, e.g., in filing a claim, insurance audits, case review or appeals, etc.
- If you are a minor, you have a limited right to privacy in that your parents may have access to your records. However, if the therapist believes that sharing this information will be harmful to you, confidentiality will be maintained to the limits of the law.

Professional Consultation & Supervision

In keeping with standards of practice, your therapist may consult with other therapists within this group private practice to ensure quality of care and will maintain confidentiality and protect your identity by not using real names or any identifying information. Therapists seeing members of your family, or your significant others will obtain a signed Release of Information (ROI) prior to discussing specific details of your situation.

Rum River Counseling is also a training clinic, with several masters level pre-licensed therapists working under supervision to obtain full licensure. All pre-licensed therapists at Rum River Counseling are carefully selected as outstanding among their peers and have received specialized graduate level education in providing individual, couple & family therapy, including at least 1-2 years of clinical experience as part of the requirements of their masters program.

Pre-licensed therapists undergo a 2–3-year period of supervised clinical experience after completion of the masters degree training in order to obtain full licensure. During this period, they provide clinical services under the supervision of a fully licensed, board-approved supervisor, and are held to the same professional and ethical standards as a fully licensed therapist. The utmost care is taken to preserve your confidentiality. Pre-licensed therapists are legally

Revised 12/2023

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending." ~Maria Robinson, author

required to attend regular supervision where client cases are reviewed to assure quality and appropriateness of treatment. The pre-licensed therapist's clients benefit directly from the expertise of the supervisor. Supervised pre-licensed therapists and masters prepared interns are an integral part of our counseling team and are obligated to abide by the relevant code of ethics and HIPAA privacy guidelines regarding confidentiality when participating in clinical supervision.

All pre-licensed therapists are supervised by **Dr. Jenny Holdrege, MA PsyD LMFT**, a board approved supervisor by the MN Board of Marriage and Family Therapy & MN Board of Behavioral Health or by **Jessica Bauman-Matheis, MA LPC LPCC**, a board approved supervisor by the MN Board of Behavioral Health.

Should you have any questions or concerns, please contact the supervisor at:

jenny@rumrivercounseling.com or by calling our main number 763-482-9598 extension 111

jessica@rumrivercounseling.com or by calling our main number 763-482-9598 extension 165

Clinical Staff Release

If multiple RRC therapists are involved in your care, your records may be shared between RRC clinicians for care coordination.

Primary Care Coordination

Continuity and coordination between physical and mental health is an important aspect in the delivery of quality health care, as mental and physical disorders can interact to affect an individual's health. We encourage you to allow us to coordinate care with your primary care provider.

Release of Records

In the event of request for records, the records will be forwarded upon completion of a Release of Information form and a payment fee based on the current MN Dept of Health maximum allowed. Records Requests may be completed via our secure online form on the current client tab of the Rum River Counseling website www.rumrivercounseling.com or via fax (612) 235-6447.

Forms & Letters

We do NOT provide prescriptive letters for emotional support animals, and we do not complete paperwork for accommodations, disability and/or FMLA or related concerns.

Court & Legal Matters

We do NOT get involved with disability determination, custody studies, or handle any and all legal or court related issues.

Your therapist is trained specifically to provide therapy and not to get involved in evaluating matters beyond the therapy session. Therapy is based on subjective and self-reported information and therapist should not render opinions in legal issues such as parental capacity, child custody, validity of an abuse allegation, joint or sole custody, as these are beyond the scope of the treatment role.

We encourage our current clients to reach out to their judge so that the court can appoint other trained professionals who have no prior relationship with the family to conduct an evaluation, investigation, and then again in making recommendations to the court concerning dynamics in the best interest of the parties involved.

Litigation Limitation: 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, nor anyone else acting on your behalf will call on your therapist to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. Your informed consent signature shows that this litigation limitation is clearly understood and agreed to.

If it is necessary, by court order or by subpoena, for the therapist to testify before any court, arbitrator, or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, you agree to pay the therapist for his or her services.

- We charge \$500/hour, rounded to the nearest half hour to prepare for and/or attend any legal proceeding and for all court related services.
- We must receive a retainer fee of \$3,000.00 two weeks prior to the appearance, presentation of records, or testimony requested. Cashier checks will be considered the only acceptable form of payment for these services.
- Court related services include (but are not limited to): talking with attorneys, preparing documents, traveling to court, depositions and court appearances.
- If the court or attorneys do not pay our fee, you will be charged for the time we spend responding to legal matters.
- You will also be charged for any costs we incur responding to attorneys in your case, including but not limited to fees we are charged for legal consultation and representation by our attorneys.

Revised 12/2023

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending." ~Maria Robinson, author

- Charges for court-related services are not covered by insurance.

Bill of Rights

Consumers of professional mental health services have the right:

- to expect that the professional consulted has met minimal qualifications of training and experience commensurate with service requirements and in accordance with professional and/or disciplinary **standards**.
- to examine public records which contain the credentials of the practitioner
- to be informed of the cost of professional services prior to receiving those services
- to privacy as defined by rule and law
- to be free from being the subject of discrimination based on race, religion, gender, or other unlawful category while receiving services;
- to have access to their records as provided in Minnesota Statutes, section 144.335 subdivision 2
- to be free from exploitation for the benefit or advantage of a clinician
- to obtain a copy of the rules of conduct & report complaints of ethical violations to the licensing Board & may assert the client's right(s) without retaliation.

Satisfaction Survey

We value your opinion and strive to provide the best service possible. We encourage you to complete our satisfaction survey online at our website: www.rumrivercounseling.com.

Complaints

If you are dissatisfied with the services you are receiving, please immediately discuss your concerns with your clinician. If you feel uncomfortable confronting your clinician with your concerns, or if you are not satisfied with the result when you express your concerns, please contact our Clinic Director, Dr. Jenny Holdredge, at 763-482-9598, ext 111 or email jenny@rumrivercounseling.com. In case you feel it is necessary to contact a professional group outside the Clinic, it is your right to do so. Professional boards interested in promoting high quality services and professional ethics are Minnesota Board of Psychology, Minnesota Board of Marriage and Family Therapy, and Minnesota Board of Social Workers.

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

This notice describes how your health may be used and disclosed and how you are able to access this information. Please review it carefully. Protecting our client's privacy has always been important to this practice. A new federal and state law entitled the Health Insurance Portability and Accountability Act (HIPAA), went into effect on April 14, 2003 and requires us to inform you of our policy. At Rum River Counseling, we are very careful to keep your health information secure and confidential. This law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those involved in your treatment; for example, a review of your file by a physician specialist, with whom we may involve in your care plan.

We may use or disclose your health information for payment for your services. For example, we may send a report of your progress to your health insurance company. We may disclose your health information for our normal healthcare operations. For example, one of our staff members will enter your information into our computer. We may share your medical information with our business associates, such as a billing representative or service. We have a written contract with each business associate which requires them to protect your privacy. We may use your information to contact you. For example, we may send newsletters or other information to you. We may also want to call and remind you about appointments. If you are not home, we may leave this information on your answering service or with the person who answers the telephone unless you have instructed us otherwise. In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will advise you if we are able to fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the normal uses. As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information to another practice. You have the right to see or receive a copy of any of your health information. You have the right to request an amendment or change to your health information. Supply us, in writing, with your request to make changes. We reserve the right to make the changes or not, however, we will accommodate your request by including your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

Revised 12/2023

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending." ~Maria Robinson, author

You have the right to receive a copy of this notice. If we change any details of this notice, we will notify you of the changes, in writing. You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington DC, 20201. If you believe that your privacy has been compromised or if you are seeking more assistance regarding your personal health information, we ask that you first contact Rum River Counseling, Inc., Chief Executive Officer, Dr. Jenny Holdredge at jenny@rumrivercounseling.com or (763) 482-9598 x111.

Minors and Therapy Agreement (Minor Clients Only)

Minors and confidentiality: If you are a minor, you have a limited right to privacy in that your parents may have access to your records. However, minor clients have rights to complete confidentiality in obtaining counseling for pregnancy and associated conditions, sexually transmitted diseases, and information about drug and alcohol abuse. If the therapist believes that sharing this information will be harmful to you, confidentiality will be maintained to the limits of the law.

Parents, if the child prefers not to volunteer information about the sessions, please respect his/her right to not disclose details. *Unless the child is in clear danger to self or others, or has been abused*, the therapist will normally tell you only the following: whether sessions are attended, whether your child is generally participating, and whether progress is generally being made. Mental health records are kept confidential to protect the child's ability to speak freely about their relationships and concerns, and it is rarely in the child's best interest to have therapy records read by parents. Parents are encouraged to communicate regularly with their child's therapist. For unattended minors, it is asked that a therapy session without the minor is scheduled with the therapist to discuss concerns or issues helpful to therapy process.

Payment for Minors: Parents or guardians are responsible for payments or balances *at the time of service*, and charges must be pre-authorized to an approved credit card or paid by cash or check at the time of service.

FOR PARENTS WHO ARE DIVORCED AND/OR NOT LIVING TOGETHER:

Minors and Shared Custody: Children have ongoing developmental needs for regular contact with both parents, unless it can be shown that this contact threatens the child's safety or mental health. We will attempt to involve both parents in the child's care except in cases of abuse or serious impairment on the part of one or both parents, or when the involvement would be detrimental to the child's mental health or would interfere with the child's treatment. We welcome involvement of noncustodial parents, stepparents, siblings, grandparents and others, but participation in therapy is determined based on the child's needs, and the child's and parents' wishes. At the onset of therapy, each parent is requested to read suggested material regarding co-parenting.

Authorization for therapy: In cases where there is *joint legal* custody between parents or guardians who are not married or cohabitating, **we require both parents' authorization and signature for treatment of their minor child/ren, prior to the child being seen.** In cases where one parent has *sole legal* custody of their minor child/ren, only that parent is required to authorize treatment.

Neutral, helping role: Because the role is that of the child's helper, the therapist will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. *Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child's therapist.* However, you should be aware that if you should become involved in a legal matter and the therapist is subpoenaed to court, you will be charged any and all applicable legal fees. Our goal is neutrality; we ask that **neither parent assume bias** or that we take sides between parents in conflict. Our goal is to work toward more peaceful functioning of the entire family system of the child. If this process becomes too conflictual, we reserve the right to discontinue therapy services. In these situations, co-parenting mediation services may be more appropriate.

Communication: It is each parents' responsibility to communicate with the other about the child's care, office visit dates and any other pertinent information. It is not the responsibility of the therapist to communicate visit information to each custodial parent separately. Each parent is encouraged to let the therapist know of any difficulties/concerns/observations they may have, **regarding the child**, (rather than issues regarding each other) before any appointment either parent may schedule. The therapist will not call the non-attending parent following visits. Parents should understand that telephone, face-to-face, email or written communication from either parent will become part of the child's permanent record.

Sharing expenses: When parents who are divorced or not together have agreed to share health care expenses, it is the responsibility of the guarantor of the account to pay the fee and to collect reimbursement from the other parent with whom they are sharing expenses.

Scheduling appointments: Either legal guardian/parent may schedule an appointment for their child and may determine who attends the appointment they schedule. If there is a communication problem resulting in a missed appointment, **the person who scheduled the appointment is responsible for payment** of the missed appointment fee. We expect *parents to inform each other* about scheduled appointments. **It is not the responsibility of the therapist to call a parent to notify them of an appointment scheduled by the other.** From time to time, it may be appropriate to schedule an appointment with both one or both parents regarding feedback from the sessions, for **parenting/co-parenting support** or if the therapist feels it is necessary. *The expectation is that parents will work toward communicating with each other openly regarding therapy, being the best parents they themselves can be, and that each parent will cultivate a healthy relationship and open communication with their child.*

Revised 12/2023

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending." ~Maria Robinson, author