



Center for  
Psychological  
Services

Roosevelt Office Park  
600 – 25<sup>th</sup> Avenue South Suite 109  
Saint Cloud, MN 56301  
Phone: 320-255-0343 Fax: 320-654-0318

## **INFORMED CONSENT & CLIENT CONTRACT**

Welcome and thank you for choosing Center for Psychological Services for your mental health needs. Whether you were referred to us by your medical provider, urged to seek counseling by family or friends, or came because of problems and feelings only you know about, the decision to come here was yours. We congratulate you on taking this courageous step forward on your path to mental health recovery and are honored that you are considering one of our clinicians as your service provider. Today's appointment will take approximately 45 – 60 minutes. During this first session, your therapist will explain policies and procedures, obtain a detailed intake and answer any questions that you may have regarding the counseling process. We realize that starting therapy is a major decision and you may have many concerns or questions. This document is intended to inform you of our policies, State and Federal Laws, and your rights and responsibilities as a client. Please note a copy of this document will be provided to you at your request.

### **THE THERAPY PROCESS**

Voluntary Participation: All clients voluntarily agree to treatment, and accordingly may terminate any time without penalty. Counseling involves a large commitment of time, money, and energy, so you should be thoughtful about the therapist you select. In the first few sessions, your therapist will ask a wide variety of questions designed to get to know you and learn about your personal history. The therapeutic relationship is unique in that you are expected to talk freely and openly about yourself. The therapist's job is to listen, select, sort, make observations and reflect your feelings so you may see yourself more clearly. In the first couple of sessions, you will decide whether your therapist is right for you. If you feel it is not a good match, your therapist will be happy to assist you in finding a different therapist.

Client Involvement: All clients are expected to arrive to appointments on time, prepared to focus and discuss therapy goals and issues, and not to be under the influence of mood altering chemicals. All clients are expected to be open and honest so your therapist can assist you with your goals. Counseling is not like a medical doctor visit. Instead, it calls for very active effort on your part. In order for your therapist to be most successful, you are encouraged to work on things discussed both during sessions and at home. Inconsistent attendance can negatively affect your therapy progress. Violence (physical or verbal) is never acceptable. Your therapist reserves the right to discontinue a session at any time and call the proper authorities, if necessary.

The Therapeutic Relationship: An important aspect of the therapeutic process is the relationship that develops between the client and therapist. As with any new relationship, it may take time to trust and feel safe enough to share freely. If the relationship does not develop after a reasonable amount of time (3-4 sessions), at your request, the therapist would be happy to offer referrals to a few providers that may be a better fit for you. If you were to encounter your therapist in any public place outside of therapy, your therapist will be careful not to acknowledge you or the relationship or engage in any conversation in order to protect your privacy and confidentiality. Exceptions to this would require the written permission for a very specific purpose discussed in advance, or in an emergency situation which may determine that confidentiality must be broken within the limits of the law to protect your personal safety, the possibility of you harming others, or to receive appropriate psychiatric care.

Dual Relationships: The therapeutic relationship is a professional relationship and as such, social or business relationships should be avoided. Your therapist cannot compromise the integrity of the therapeutic relationship in any way that would impair objectivity, clinical judgment, or the therapeutic effectiveness of treatment. In order to protect our therapeutic relationship, psychotherapy does not include physical contact. This means that we do not ordinarily

touch one another as any part of therapy. Your therapist will limit contact to an occasional greeting, such as a handshake.

Young Children in the Waiting Area: We are not able to assume responsibility for the care of young children during therapy sessions. Having young children in a session is generally disruptive to the therapy process and we ask that you arrange for their care so you may come alone. If you have difficulty arranging childcare elsewhere, please talk with your therapist. Children old enough to be responsible for themselves may wait in the reception area.

Custody Issues and Therapy for Minors: It is our policy that for minor children, where legal custody is joint between parents or guardians who are no longer married or cohabitating, we need authorization and signatures *from both parents* on our Informed Consent and Confidentiality Notice prior to the child being seen.

Length of Therapy: Psychotherapy sessions are generally scheduled once per week or as needed, and may be adjusted to meet your current issues and treatment goals. Session length is typically 45 – 60 minutes, depending on insurance coverage. Please report any changes in your condition or behavior to your therapist throughout the course of therapy, as this may alter the scheduling of therapy sessions. If you feel the need to increase or decrease the frequency of sessions or to end counseling, please feel free to discuss this with your therapist at any time. On average, many people feel that they have obtained what they are looking for in 10-25 sessions.

Termination: As you approach your treatment goals, you should have the skills, strategies and encouragement to make the desired changes you have chosen for your life. Although your therapist can assist you through this process, ultimately only you can make the decision to change. (Please note: If the therapist determines that treatment is no longer effectively serving the needs or interests of the client, a decision to end therapy may be made.) As the end of therapy approaches, you and your therapist will discuss discontinuing therapy with the understanding that you may choose to return to therapy as needed or be referred to other mental health providers. You have the right to end therapy at any time and for any reason. Please feel free to discuss this with your therapist so any necessary referrals can be provided.

Therapist Communication and Availability: General business hours are Monday-Thursday, from 8am – 4pm and on Friday 8am - 12pm, with available appointments scheduled throughout the day. Your therapist will utilize a secure voice message service to receive incoming calls. Messages are checked throughout the day and will be returned as time permits. Calls during the evening or weekends will generally be returned the following business day. As a sole practitioner, your therapist may occasionally need to re-schedule your appointment due to an illness, unexpected event, or personal commitment. Every effort will be made to contact you in advance should this occur. Additionally, your therapist may vacation periodically and be unavailable by phone or for voice messages during that time. A designated therapist will be made available for any clients who require assistance during the vacation period. It will be the client's responsibility to return a signed release of records by a pre-determined date for the designated therapist to be available to them. Please note that weather closings will occur if your therapist believes it would be unsafe for travel to and from our location. Every effort will be made to contact you should the office be closed.

Social Media/Texting: We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Snapchat, Instagram, Twitter, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy and blur the boundaries of our therapeutic relationship. Confidential text reminders for sessions are available and can be signed up for with the receptionist.

For Life Threatening Emergencies: Call 911 first. Our phones are answered during regular business hours; after hours you will be directed to the clinic's voice mail. Remember if you are calling with an emergency, please hang up, dial 911 or go to the closest hospital emergency room. If it is a non-emergency after business hours and your therapist is unavailable, you may call the following crisis center: United Way 211 (first call for help) at 612-335-5000 or the Crisis Response Team at 1-800-635-8008 or 320-253-5555.

## **RISKS & BENEFITS**

Risks of Therapy: Although the majority of people do get better in therapy, some do get worse. Accordingly, your therapist makes no guarantee of results. It is not possible to guarantee results such as: happiness, saving marriages, stopping drug abuse, becoming less depressed and so forth. Just as medications sometimes cause unexpected side effects, counseling can stimulate painful memories, unanticipated changes in your life, and uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. In some cases, client's symptoms become worse during the course of therapy, occasionally necessitating hospitalization. Another risk of therapy is that, throughout the process of therapeutic change, it is not uncommon for clients to reach a point of change where they may feel different and are no longer the same person they were upon entering therapy, which can be unsettling at times.

Benefits: The benefits of therapy can include: a higher level of functional coping, solutions to specific problems, self-insight, more effective means of communication in relationships, symptomatic relief, and improved self-esteem.

Alternatives to Traditional Therapy: May include: stress management courses, 12-step programs, peer self-help groups, biblio-therapy, and support groups.

## **CONFIDENTIALITY**

Confidentiality and Privilege: The information and content shared in therapy will remain confidential, except as noted in the next section. Your information will not be shared with anyone without your written consent. Your information is privileged, which means that your therapist is free from duty to speak in court about your counseling unless you waive that right or a judge orders it.

Exceptions to Confidentiality and Privilege: As a mandated reporter in the state of Minnesota, your therapist is legally obligated to violate confidentiality under the following circumstances:

- When the therapist has reason to suspect the client has been, or is currently, involved in the abuse or neglect of a child.
- When the therapist has reason to suspect that the client has been, or is currently, involved in the abuse or neglect of a vulnerable adult
- If a client is a serious danger to themselves (suicidal) or a danger to someone else (homicidal)
- If a client is pregnant and taking street drugs
- If a client reports sexual misconduct by another medical provider
- A court order for specific information, signed by a judge in a pending legal case.

Other circumstances when confidentiality is waived/limited:

- Information (diagnosis and dates of service) shared with your insurance company to process your claims.
- When you sign a release of information to have specific information shared.
- Minor clients: parents and guardians do have legal right to access a minor client's records. Minor clients do have rights to complete confidentiality in obtaining counseling for pregnancies and associated conditions, sexually transmitted diseases, and information about alcohol or drug abuse.

## **MEDICAL RECORDS**

Supporting Vendors: In the course of operating our mental health clinic, we contract with various external vendors such as an accountant, information technology (IT), claims clearinghouse, and an electronic health record (EHR) vendor. In all of these cases, we have a HIPAA business associate contract in place. This means they understand the federal HIPAA guidelines for confidentiality and agree to abide by those regulations set forth and maintain the same level of confidentiality that healthcare professionals are bound to in the event they should encounter patient information. Careful steps are taken with our accountant and IT vendors to ensure they rarely encounter any client information. Our claims clearinghouse and EHR are used to submit medical claims electronically and maintain client records. In each case, bank level security and encryption is used to protect client information.

Maintaining Records: The laws and standards of our professions require that we keep treatment records. As a client, you have access to your records. If there is a belief that reviewing the record could be emotionally damaging, the therapist will send them to a mental health professional of your choice. We recommend that records be reviewed in your therapist's presence so the contents can be discussed, as some of the records can be misinterpreted. You do have a right to contest material in your records and it will be duly noted in your record. You do not have a right to alter your records or dictate information be removed. All records include: a chronological listing of appointments and fees, a copy of signed releases, copies of any correspondence regarding your case, a copy of the consent form and a copy of all therapist's progress notes. All records will be maintained by your therapist in a secured area for a period of 7-8 years (depending on therapist licensure) from the time of service termination or past the age of majority, for minor clients. If your therapist leaves the agency or becomes incapacitated, you will be notified about how to access your records.

Request for Records/Letters: A therapist has 10 business days to respond to any request for records or correspondence. A release of information must be completed fully, with the individual therapist's name and the business or person you wish to have records released to. There may be a charge for medical records, depending on quantity of pages being sent and the professional that is requesting records. Rates for patient records are determined by MN Dept. of Health.

Records for Minors: If you are under the age of 18, the law provides your parents the right to review your treatment records as well as obtain information about your diagnosis, progress, and treatment. It is our policy to request an agreement from parents that they agree to avoid unnecessary review of records and involvement in your treatment. If they agree, we will only provide them general information about our work together. However, we will notify them of our concern if we feel there is a high risk that you will seriously harm yourself or someone else.

## **QUESTIONS/COMPLAINTS**

Questions: Please feel free to ask questions about any techniques used during therapy. Your therapist would be happy to explain theoretical approaches and methods to you. You can request information from your therapist about assessment, treatment planning, records or other services needed. If you have a complaint of any kind about the therapy services you are receiving, your therapist is willing to collaborate with you to resolve any issues. You may discuss your concerns directly during a regular session or in writing. Part of the therapeutic relationship involves working through misunderstandings and misconceptions. Every effort will be made to address your concerns.

Grievances: A copy of the Client's Bill of Rights can be obtained from any governing therapist licensing board. If you have any questions about any aspect of our professional relationship or about the specifics of those ethics and standards, please review them with your therapist. You have the right to file a complaint with the professional organizations listed below if you feel you have not been treated fairly or appropriately. You have the right to end therapy at any time without any moral, legal or financial obligations (other than financial responsibility already accrued).

Minnesota Board of Marriage and Family Therapy  
2829 University Ave SE, Suite 340  
Minneapolis, MN 55414-4603  
Phone: 612-617-2220  
Fax: (612) 617-2221  
Email: [mft.board@state.mn.us](mailto:mft.board@state.mn.us)

Minnesota Board of Psychology  
2829 University Ave. SE, Suite 320  
Minneapolis, MN 55414  
Phone: 612-617-2230  
Fax (612) 617-2240  
Email: [psychology.board@state.mn.us](mailto:psychology.board@state.mn.us)

Minnesota Board of Social Work  
2829 University Ave SE, Suite 400  
Minneapolis, MN 55414-3239  
Phone: (612) 617-2100  
Fax: (612) 617-2103  
Email: [social.work@state.mn.us](mailto:social.work@state.mn.us)

Board of Behavioral Health and Therapy  
2829 University Ave. SE, Suite 210  
Minneapolis, MN 55414  
Phone: 612-617-2178  
Website: [www.bbht.state.mn.us](http://www.bbht.state.mn.us)

## FINANCIAL AGREEMENT AND TERMS

SERVICE	FEE
Intake Session	\$230
Individual Session- 53+ Minutes	\$175
Individual Session-45 Minutes	\$150
Individual Session – 30 Minutes	\$90
Family Session	\$195
No Show/Late Cancel Fee	\$70
Medical Records Retrieval Fee	\$17.96
Medical Records	\$1.35 per page

### **PAYMENT FOR SERVICES:**

Personal Payments/Payment Plan: You are responsible for your charges. Monthly statements will be sent to keep you informed about outstanding balances. Most insurance plans do not cover 100% of the charges. Co-payments are due on the date of service (DOS). You have 90 days to pay the balance in full, regardless of whether or not your insurance company has responded (most insurance companies reimburse within 60 days of billing). If you have concerns about your ability to pay for your therapy services due to financial hardship, it may be possible to work out a payment plan with your therapist.

1. **CASH ACCOUNTS:** Cash clients must pay for each session as it occurs and receive a discounted rate. Insurance will not be billed.

2. **CREDIT CARD PAYMENTS:** Most therapists accept Visa, Mastercard, and Discover. Credit card payments may be made either in person or over the phone.

3. **INSURANCE ACCOUNTS:** In most cases, your therapist will be able to bill your insurance company directly. However, this is a courtesy service we provide for you and carries no guarantee of coverage or payment. It is your responsibility to inform us of ALL insurance policies in effect and any changes to insurance coverage before you receive services. You must also comply with the Coordination of Benefits and similar requests from your insurance company in a timely fashion. Regardless of insurance coverage, YOU always remain responsible for your bill.

Preauthorization/Referrals It is your responsibility to know your policy requirements. Some policies require treatment plans and/or contact from your therapist to preauthorize further treatment. Some policies may require a referral and it is your responsibility to obtain one from your primary care or managed care provider if necessary.

**CANCELLATION & NO SHOWS:** We require a 24 hour notice to change or cancel an appointment, which does not include weekends. This means that if you have an appointment at 1:00 pm on Monday, you will need to cancel by 1:00 pm on the Friday before. A \$70 late cancel/no show fee will be charged if sufficient notice is not given. Insurance companies do not pay for missed appointments; therefore, you will be responsible for the charge. Any exceptions to this fee must be discussed directly with the therapist. Late cancels/no shows may jeopardize your ability to continue to receive services here.

## **DELINQUENT/PAST DUE ACCOUNTS:**

**Maximum Balance:** A client, family, or couple may maintain no more than a \$500 balance without jeopardizing use of our services. We reserve the right to terminate or suspend services with a client that has a balance 90 days or more past due. Please speak with the office manager or your therapist if you have concerns about your ability to pay for your therapy services.

**Collection Services:** Your therapist reserves the right to employ a collection agency for overdue balances. In most collection situations, the only information released regarding a client's treatment is his/her name, the nature of services provided, and the amount due. In the event that this occurs, you will no longer be able to receive services from a Center for Psychological Services therapist.

## **CLIENT'S RIGHTS AND THERAPEUTIC ISSUES**

Consumers of therapy services offered by LMFT's, LICSW's, LPCC's, and LP's licensed by the State of Minnesota have the right:

- to expect that a therapist has met the minimal qualifications of training and experience required by state law;
- to examine public records maintained by therapist's licensing board, which contain the credentials of a therapist;
- to obtain a copy of the code of ethics from the State Register and Public Documents Division;
- to report complaints;
- to be informed of the cost of professional services before receiving the services;
- to privacy as defined by rule and law;
- to be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
- to have access to their records as provided in Minnesota Statutes, section 144.292;
- to be free from exploitation for the benefit or advantage of a therapist;
- to give informed consent;
- to make independent decisions;
- to receive prompt and reasonable responses to questions;
- to refuse to disclose information, although this refusal may compromise the benefits of therapy;
- to terminate therapy;
- to know about the process of therapy;

Client Responsibilities:

- to ask questions for clarification and to correct misunderstandings
- to express concerns
- to be honest with the therapist
- to be respectful to the therapist's person and property
- to actively work and invest effort during and between therapy sessions
- to make full and timely payments
- to come to appointments on time and as scheduled
- to give 24 hours notice of cancellation of appointments

Please Note:

- A Licensed Professional Clinical Counselor, Licensed Independent Clinical Social Worker, Licensed Marriage and Family Therapist or Licensed Psychologist cannot prescribe medication or advise you about any medical issues. You will be referred to your own primary care physician or psychiatrist to answer all medical questions
- Your therapist can not advise you on any legal matters and will suggest you seek out legal counsel for all legal questions.

## **THERAPIST QUALIFICATIONS**

Elizabeth Buhl, PsyD, LP earned her Doctorate in Psychology in Clinical Psychology from Argosy University - Chicago. She is licensed by the State of Minnesota as a Licensed Psychologist. Elizabeth has over 14 years of clinical experience. Elizabeth practices a collaborative, therapeutic approach including, but not limited to, Cognitive-Behavioral Therapy, Client-Centered Therapy, and Interpersonal Therapy, utilizing a bio-psycho-social model.

Lisa Jensen, MSW, LICSW earned her Masters of Social Work degree in Clinical Social Work from St. Catherine University/University of St. Thomas. She is licensed by the State of Minnesota as a Licensed Independent Clinical Social Worker. Lisa has over 8 years of clinical experience working with adults. She uses a person-centered approach utilizing a variety of techniques, including cognitive behavior therapy, insight-oriented therapy, solution focused techniques and brainstorming.

Julie Kieke, MA, LMFT earned her Master of Arts degree in Professional Counseling from the Minnesota School of Professional Psychology. She is licensed by the Minnesota Board of Marriage and Family Therapy and has over 14 years of clinical experience. Julie has experience with children, adolescents, adults, families, and couples. She utilizes approaches to fit the needs of individuals and families, including client centered, play therapy, insight oriented, and solution focused techniques.

Lori Nelson, MEd, LP earned her Masters of Science Degree in Education from University of Wisconsin-Superior. She is licensed with the State of Minnesota as a Licensed Psychologist and has over 25 years of experience working with children, adolescents, and adults. Lori utilizes several therapy models including client centered, cognitive behavioral, and play therapy techniques. Lori also completes substance abuse assessments.

Gayle Neuerburg, MS, LMFT earned her Master of Science, Marriage and Family Therapy degree from St. Cloud State University. She is licensed by the Minnesota Board of Marriage and Family Therapy and has over seven years of clinical experience. Gayle works with individuals, couples and families on a wide variety of issues including depression, anxiety, grief/loss, stress management, self-esteem, parenting concerns, adjustment disorders/life transitions, spiritual growth and personal growth. Specialties include adoption identity issues/reunification, EMDR, sand tray therapy and multicultural concerns. Gayle's therapy approach is warm, engaging and straightforward. She is a strength-based therapist, with a focus on helping people develop resilience and experience growth through challenging life experiences.

Pamela Rieland, MS, LMFT, earned her Masters of Science degree in Marriage & Family Therapy from St. Cloud State University. She is licensed by the Minnesota Board of Marriage & Family Therapy. Pamela has 7 years of clinical experience working with individuals, families and couples in private practice, community mental health, adolescent residential treatment and several area school districts. She approaches therapy from a strengths-based perspective utilizing a variety of evidenced-based models such as cognitive behavioral therapy and solution focused therapy. She has a special interest working with adolescents (13+) and their families.

Julie Spare, MS, LP earned her Masters of Science Degree in Counseling from Saint Cloud State University. She is licensed with the state of Minnesota as a Psychologist. She has worked in private practice for the past 30 years, and in other treatment related settings prior to this. Julie is versed in cognitive behavioral therapy and insight and solution focused therapy, with treatment tailored to the needs of the individual. Specialty areas are: depression, anxiety, grief and loss, life transition/changes, conflicted relationships, with women, men, and adolescents (ages 14 and up) and their families. She also works with LGBTQ concerns.

Norma Taylor, PsyD, LP earned a Master's Degree in Psychology at Mankato State University and was licensed by the Board of Psychology in 1980. She practiced for several years at Gillette Children's Hospital, the Wilder Foundation, and Central MN Mental Health Center before establishing her private practice in St. Cloud, MN. She earned her Doctorate Degree in Clinical Psychology in 1996. Her experience includes work with children of all ages, teens and adults with special interests in developmental psychology across the life span and developmental disabilities.

Leslie Young, MS, LPCC, RPT earned her Master's Degree in Community Counseling and Criminal Justice from St. Cloud State University. She is a Licensed Professional Clinical Counselor with the Minnesota Board of Behavioral Health and Therapy. Leslie has previous work experience with juvenile sex offenders and as a Sheriff's Reserve officer. She has over seven years of clinical experience. Leslie specializes in EMDR, infertility counseling, play therapy, and uses a client-centered approach. She works with children, adolescents, adults, families, and couples.



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## CONSENT FORM

This form references the clinical relationship between:

\_\_\_\_\_ AND  
Client

- Elizabeth Buhl, PsyD, LP
- Lisa Jensen, MSW, LICSW
- Julie Kieke, MA, LMFT
- Lori Nelson, MEd, LP
- Gayle Neuerburg, MS, LMFT
- Pamela Rieland, MS, LMFT
- Julie Spare, MS, LP
- Norma Taylor, PsyD, LP
- Leslie Young, MS, LPCC, RPT

### For Minor Children or Clients Under Guardianship

I give consent for my minor child or ward to receive therapeutic services in my presence or in my absence.

Initial Here \_\_\_\_\_

### Release/Exchange/Assignment of Benefits

I consent to the release of information from the therapist to my insurance company, EAP, or managed care group to facilitate payment and continued coverage under the mental health benefit of my policy. I also consent to have the therapist and/or therapist's billing service submit claims and record payments on my behalf to/from myself, my insurance company, EAP, managed care, or other third party payer.

Initial Here \_\_\_\_\_

### Physician Release (please indicate which option)

- I do not wish to release information to/with a physician at this time
- I wish to have my physician notified that I am being seen by the above provider.

**(A separate release form and complete contact information are required.)**

Initial Here \_\_\_\_\_

### Informed Consent

I have review the "Informed Consent Form" and am aware that a printed copy is available upon request.

Initial Here \_\_\_\_\_

### Billing Policy

I have received AND reviewed the billing policy of Center for Psychological Services. I understand that my signature indicates that I am ultimately responsible for payment of all services rendered regardless of who the named policyholder is. I also understand that if my account becomes past due, a collection agency will be contacted.

Initial Here \_\_\_\_\_

### Consent for Consultation

The therapists at Center for Psychological Services meet regularly for clinical consultation. I am aware of this and give my consent for confidential clinical review of my case.

Initial Here \_\_\_\_\_

### Appointment Reminders

I would like to receive appointment reminders by text or email, please send to the following:

Phone number OR Email: \_\_\_\_\_

**Please note: It is your responsibility to keep us updated with your current phone and email information. We are not responsible for appointments missed due to failed text or email messages. Please keep track of your appointments.**

\_\_\_\_\_  
Signature of Client or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Client or Parent/Guardian

\_\_\_\_\_  
Relationship to Client