

In Tandem Counseling, Inc
Kelly Haase, MA, LMFT
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Consent to Treatment

I understand my rights to confidentiality: All information between therapist and client is strictly confidential unless:

- 1) the client authorizes the therapist to release information.
- 2) the therapist is ordered by a court to release information;
- 3) the client presents a physical danger to herself/himself or others;
- 4) child or vulnerable adult abuse or neglect is suspected.

In these latter two cases, the therapist is required by law to inform potential victims and/or legal authorities so that protective measures can be taken.

The therapist may periodically discuss your situation with another therapist for the purpose of review or consultation. Such consultations are always on an anonymous basis; clients will not be identified by name.

Clients have the right to request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association & membership, specialization, and limitations.

The client has the right and responsibility to participate in deciding the appropriateness of any particular way of working in therapy in order that she/he may further her/his own goals and growth. This includes the right to ask questions about therapy and the right to withhold any information the client chooses not to reveal.

I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest.

I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment.

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel and do not show up, I will be charged \$75 for that appointment.

I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

Additional Policies

To further acquaint you with the policies and procedures of our work, please be informed of the following:

1. **Appointments:** If you need to cancel your appointment, a minimum of 24 hours cancellation notice is required otherwise you will be charged \$75 late cancel fee. This fee will need to be paid at or before your next scheduled appointment. Messages left on the therapist's voicemail will accurately record the date and time you called.
2. **Fees:** The fee for one session of individual, couple or family therapy is \$140.00. All sessions last for 50 minutes unless otherwise stated. You are fully responsible for all services rendered. Full payment is expected at the time of service unless arrangements have been made with your therapist. Fees are

directly paid to your therapist. Currently, we accept cash, credit card, and checks. A penalty fee of \$40.00 will be assessed on all checks returned by the bank for any reason. A 3% convenience charge will be paid by the client for each credit card transaction. Phone calls beyond 10 minutes will be billed on the quarter hour at \$30 per fifteen minutes. Report writing and letters are billed at \$30 per fifteen minute increments. Speaking fees start at \$150.00 per hour. Consulting fees are \$150.00 per hour. If you become involved in legal proceedings that require your provider's participation, you will be expected to pay for the professional time even if the therapist is called to testify by another party. Because of the difficulty of legal involvement, we charge \$200 per hour for preparation and attendance at any legal proceeding.

3. Your records are property of In Tandem Counseling, Inc and are confidential. To comply with state and federal laws regarding patient confidentiality, your files will not be released without the properly executed written consent. If you choose to have your therapist keep a third party informed of your progress it will be necessary to sign a "release of information form" that will be kept on file. The following circumstances are exception to the confidentiality limits and are required by law to report.
- a. When a client is suicidal or communicates threats of bodily harm to another person and the provider believes that there is a clear and imminent risk of serious physical harm.
 - b. If there is reasonable suspicion of abuse or neglect of a child or a dependent adult which has occurred or will occur.
 - c. When information is required by law or ordered by appropriate court officials.

Kelly Haase, MA, LMFT will make every effort to maintain confidentiality. It is important to remember that electronic communication such as e-mails, faxes, and cell phone calls are not secure. Please keep this in mind when communicating, and if you have any additional questions about confidentiality please discuss them with Kelly Haase.

I understand my rights as a patient and/or other information about the therapy I am considering. I have had all my questions answered fully. My signature below shows that I understand and agree with all of these statements.

I consent to receive treatment from Kelly Haase, MA, LMFT. I further agree that I am personally responsible for all obligations and any balance incurred.

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if client is less than 18 years of age)

I, the therapist, have discussed the issues above with the patient (and/or parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist _____ Date _____