

## Informed Consent

### Treatment Process

Cedar Valley Center for Child & Family Therapy, PLLC. (Cedar Valley) therapists are trained in a variety of therapeutic techniques. Your therapist will work with you during the first several sessions to develop a treatment plan and discuss treatment preferences. As the client, you have the right to ask your therapist questions about his or her qualifications, background, and therapeutic orientation. Important factors in the success of therapy are good communication and a good relationship between therapist and client. 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. 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 your goals, do not hesitate to bring this up in session.

**Couples Therapy:** Cedar Valley has a strong emphasis on healthy relationships and works with couples that present with a variety of needs. Please be aware that if you choose to use insurance to cover your couple’s sessions, many insurance providers require that it be billed as an individual session. Your therapist will have a conversation with you about what specific needs or goals you have for therapy and how those will be addressed during the course of therapy. These needs will be discussed during the intake session, at which both partners need to be present.

**Child Therapy:** Cedar Valley values parent-child relationships. Our providers will discuss the level of participation they would request from you as the parents or caregivers. The level of participation needed may vary according to what the child’s needs are and other circumstances. If you have any questions about your involvement in the child’s therapy, we encourage you to discuss this directly with your provider. Both parents are entitled to access and understand their child’s course of treatment unless your child’s therapist is provided with legal documentation limiting access or communication. In situations where both parents are not present it is expected that both parents will talk with each other about the child’s treatment. For parents who do not attend sessions it is their responsibility to communicate with the child’s therapist. It is unrealistic to expect your child’s therapist to regularly call or email you after each session.

### Payment and Insurance

By signing this form you give Cedar Valley permission to release any medical information to your insurance company deemed necessary in order to process insurance claims. You are responsible for payment for services rendered by Cedar Valley Center for Child & Family Therapy, PLLC and agree to pay copays, deductibles or coinsurance. You agree to notify Cedar Valley as soon as possible when changes in health plan coverage occur. **All copays, deductibles, coinsurance, or private pay fees are due at the beginning of each session.** You can pay your provider during your sessions with cash, check or credit card. Credit card processing is not HIPAA compliant and our clinic’s name will be sent to your credit card company. Cedar Valley utilizes Stripe credit card processing and if you choose to use a credit card to pay your bill, your information will be stored within that system. It is important for you to understand your insurance coverage. Cedar Valley is not allowed to waive any co-pays, deductibles, or coinsurance amounts due, as this would violate the contract we have with insurance providers.

Billing Code	Service	Fee
90791	initial intake (50-53 minutes)	\$225
90837	53+ minutes	\$175
90834	38-52 minutes	\$150
90832	16-37 minutes	\$125
90847/90846	45-50 minutes (family/couple therapy)	\$175
Not billable to insurance	late cancel/no show fee	\$50
Not billable to insurance	report writing, phone calls, letters (15 minutes)	\$25
Not billable to insurance	consultation (60 minutes billed by 15 minutes)	\$100+
Not billable to insurance	court appearances (60 minutes billed by 15 minutes) requires \$1,000 retainer fee to be paid before services rendered	\$250+

\*Fees as of June 2022 and are subject to change

**Your therapist(s) reserves the right to suspend all services including providing any written documentation, until payment of any unpaid balance.** You are responsible for charges not eligible and/or covered by your plan. If you end treatment at any time, you are responsible for any remaining portion of the bill. If there is any portion of the bill that has not been paid within 60 days, Cedar Valley reserves the right to submit the bill to a collection agency. By signing this form, you acknowledge that in this circumstance, **you are waiving your right to confidentiality.**

## Cancellation Policy

If you are more than 10 minutes late for your appointment and have not called your therapist, your therapist has the right to cancel your appointment. If you need to cancel or reschedule your appointment, please call your therapist within 12 hours of the start of the appointment or a \$50 cancellation fee may be charged. Insurance will not cover the payment for a missed appointment.

## Contact Information

Clients may leave messages for their therapist and messages will be returned as soon as possible during business days. Your therapist will talk with you about their hours and what means of communication they utilize with their clients. In the case of an emergency, however, it is important that you call 911 or your local county crisis number

**Dakota County 952-891-7171**  
**Carver County 952-442-7601**

**Ramsey County 651-266-7900**  
**Scott County 952-442-7601**

**Hennepin County 612-348-2233**  
**United Way 211**

Email/Texting should be used on a minimal basis and for scheduling purposes only. Email/Texting are not appropriate in emergency situations. It is expected that you still comply with any crisis plans/procedures. Email/Texting are not considered to be confidential and your therapist is not responsible for any information transmitted via email/texting except under provider misconduct. If you send information to your therapist via email/text they may choose not to respond and ask that therapeutic content be discussed in session.

The risks for this form of communication may include the following:

- Emails may be forwarded and stored in paper and/or electronic files that could be seen/read by anyone having the authority to access the file.
- Your email may inadvertently be delivered to people you had not intended to receive it.
- It is very easy to write the incorrect address on an email or enter an incorrect phone number when texting.
- Even when emails/text messages are deleted, backup copies may exist.
- Employers have the right to save and/or read emails that are sent from their systems.
- Others may be able to intercept your email/text
- Emails can be used to spread computer viruses.

Email/text messages may be used as evidence in court. You must notify your provider if there is any information you do not want sent via email/text. If you no longer would like to send/receive information electronically, it is your responsibility to communicate that to your provider. You may also reply **STOP** to any appointment reminders and allow 2-3 business days for processing. By signing this form, you understand that message/data rates may apply to messages sent by Cedar Valley Center for Child & Family Therapy, PLLC or its affiliates under your cell phone plan.

I consent to utilizing email as a form of communication with my provider

Email address:

I consent to receive text appointment reminder and accept the risk explained above.

Mobile number:

## Bill of Rights

Consumers of marriage and family therapy, social work, behavioral health or psychology services offered by individuals regulated 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 the Board of Marriage and Family Therapy/Board of Social Work, which contain the credentials of a therapist.
- To obtain a copy of the code of ethics from the Board of Marriage and Family Therapy/Board of Social Work/Board of Behavioral Health and Therapy/Board of Psychology
- To report complaints to the **Board of Marriage and Family Therapy (612) 617-2220/Board of Social Work (612) 617-2100/Board of Behavioral Health and Therapy (612) 548-2177/Board of Psychology (612) 617-2230**
- To be informed of the cost before receiving professional services.
- To privacy as defined by rule and law.
- To be free from exploitation for the benefit or advantage of the therapist.
- To be free from discrimination based on race, religion, or gender.
- To have access to your records as provided in the Minnesota Statutes.
- To refuse treatment at any time.

## Confidentiality

Information that is shared in therapy is considered privileged and confidential. The following are limits to your confidentiality unless you authorize a release of information.

- Suspected abuse or neglect of a child, elderly person or a disabled person.
- Any prenatal exposure to controlled substances.
- When your therapist believes 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 your therapist to inform that person as well as the legal authorities.
- If your therapist is ordered by a court to release information as part of a legal involvement in company litigation, etc.
- Involving your insurance company in filing a claim, insurance audits, case review or appeals, etc.
- In natural disasters whereby protected records may become exposed.
- Otherwise when required by law.

## Privacy Notice (HIPAA)

At Cedar Valley, we are careful to keep your Protected Health Information secure and confidential. HIPAA requires us to maintain your privacy, to give you notice and to follow the terms of this notice. You may obtain a copy of our Privacy Policy on our website [www.cedarvalleytherapy.com](http://www.cedarvalleytherapy.com) under **New Client** or request a paper copy from your therapist.

## Legal Involvement and Shared Custody

Cedar Valley clinicians do not appear on behalf of clients and do not maintain records with the intended purpose of court involvement. In the event that your therapist is required to be involved in any legal action in which you or someone else requires their participation, Cedar Valley charges **\$250.00 per hour** for any preparation, travel, and attendance pertaining to legal proceedings. Court appearances by your therapist are billed from door to door in 15-minute increments. Clients further agree to pay a retainer fee of \$1,000.00 prior to the appearance, presentation of records, or testimony requested. Cedar Valley will provide copies of records at a rate of \$.50 per page plus a \$10.00 processing fee.

In the situation where all legal guardians are not present at a child's intake, it is important that the therapist receive necessary contact information for all legal guardians. It is **not the responsibility of the clinician to notify the other legal guardian** about the child's involvement in therapy and expected that the guardian attending the session will notify the other guardian/parent. Please provide your child's therapist with any necessary court documentation and/or divorce decrees that would be pertinent to the treatment of your child. Cedar Valley is not responsible to enforce any financial agreements between parents and cannot separate invoices for our services. Invoices will only be sent to one designated residence and it is expected that parents will communicate with each other about financial agreements and division of medical expenses.

## Telemedicine Appointments

Telemedicine services provide an opportunity for clinicians to conduct mental health services through electronic means such as audio and video communication. Telemedicine services may include individual, couple, or family therapy as well as consultation, diagnosis, education, and treatment planning. This may also include the transfer of sensitive medical data. By signing this form, you are aware of the following rights and responsibilities:

- Telemedicine is confidential. Any personal information you choose to share with your therapist will be held in the strictest confidence. Cedar Valley will not release any information without prior approval or as required by law, including mandated reporting laws.
- Telemedicine services are **not** to be recorded by either the therapist or the client.
- There may be some circumstances in which the therapist may feel that you would best be served with an in-person session. This may include instances of suicidality or homicidality. Your therapist has a right to make recommendations for services based on what they believe would be the most effective manner of therapy..
- You understand that if you are having a mental health crisis or emergency, you will call 911 or a local crisis unit as telemedicine would not be appropriate at a time like this. You agree to discuss any necessary safety plan with your therapist prior to beginning telemedicine sessions.
- You understand that there are risks and consequences from telemedicine. Risks include the potential release of private information due to the problems that may arise with the internet and phone systems. You also understand that viruses and other involuntary intrusions may inadvertently lead to confidential information being shared and understand that it is your responsibility to secure a private location for the therapy to occur. You are also responsible for managing your own internet security on your device.
- Internet and audio connections sometimes fail, if the connection cannot be maintained, the session may need to be canceled or rescheduled. If a connection is lost, your therapist will initiate contact.
- You understand that consent must be given by all parents and guardians for anyone involved in the session.
- You understand that your therapist is governed by the laws of the State of MN regarding telemedicine services. You are consenting to telemedicine services in the state of MN. Your therapist is following the requirements of their licensing board. Other states have different laws governing telemedicine services and this agreement only pertains to services being provided in the State of MN.
- You are aware that should you move to another state, you may not be able to continue therapy with your therapist. Your therapist will assist to the best of their ability in the transfer of care to another provider.

- At any time you are able to retract my consent, this will not affect your ability to receive any other services from Cedar Valley.
- It is important for you and your therapist to be focused and free from distractions during the session, therefore neither you or your therapist should check email, browse the internet, or answer phone calls during the telemedicine session.
- It is important, in case of emergency, that your therapist knows your location at the beginning of every session. In case of an emergency, your therapist may need to call 911.

### **Staff Consultation and Interns**

As professionals, Cedar Valley therapists participate in clinical consultation with each other with the purpose of safeguarding the quality of care. Your case may be reviewed using general clinical information, and your therapist will take care to protect your privacy.

Cedar Valley is a teaching clinic and at times may have graduate students (interns) studying to be therapists participate in co-therapy or other therapeutic services. Interns are bound by applicable code of ethics and privacy standards (HIPAA) and supervised by a licensed therapist. Please notify your therapist if you decline having an intern work with you or your family.

### **Informed Consent**

Your signature below indicates that you have read and understand the information in this document. You acknowledge that your signature represents your agreement and compliance to this document during the course of our professional relationship. Your signature below also indicates that you have been provided with, read and understand the information contained in the Health Insurance Portability and Accountability Act (HIPAA).

Client name:	
Signature:	Date: