

COUNSELING SERVICES AGREEMENT
NOTICE OF POLICIES AND PRACTICES TO PROTECT
THE PRIVACY OF YOUR HEALTH INFORMATION

Welcome to Uptown Wellness Counseling, the practice of Megan McGregor, M.A., LMFT. This document contains important information about my professional services and business policies. It also contains information about your health information privacy rights. Please read it carefully and let me know if you have any questions or concerns. Signing this document represents a binding agreement between us.

Psychotherapy Services:

Psychotherapy varies depending on the therapist, the client, and the client's challenges and goals. My therapeutic orientation is strength based and solution-focused which means that I will highlight your positive skills as well as addressing your concerns. I work from a systemic perspective, which considers your family-of-origin experience as a contributing factor to presenting issues. There are several techniques and approaches that can be used to manage your particular problem. In order for therapy to have the best outcome, you will need to work both during our session and at home.

Psychotherapy can have benefits and risks. The risks may include experiencing uncomfortable feelings like sadness, guilt, anger, anxiety or frustration when discussing aspects of your life. Psychotherapy has been shown to have benefits that can include better relationships, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

What to expect:

Our first few sessions will involve an evaluation of your situation, needs and goals you'd like to work towards. In addition, we'll explore your family dynamics and how they impact current functioning. I'll offer you some information so that you will have an idea of what our work together will be like. Psychotherapy can involve a significant investment of time, energy and money, so it is important that you select a therapist you are comfortable working with. If at any time you have questions about any aspect of our work together, please discuss it with me. If you decide that you'd prefer to discontinue therapy with me, please let me know if you'd like help locating another therapist or other appropriate resources and I will do so.

Sessions:

I typically schedule 1 hour sessions with clients at an agreed upon time and frequency. If you arrive late for an appointment, we will only be able to meet for the remaining time of our scheduled session.

Cancellations:

Please call at least 24 hours in advance if you need to cancel a scheduled therapy session. Fees for late cancellations or missed scheduled sessions is \$50 (or a determined amount based on sliding fee discount arrangement) unless we both agree that you were unable to attend due to circumstances beyond your control.

Rates:

My professional fees for individual, couple or family therapy are based on sliding scale of \$80-120 per 1 hour session. You determine the amount within that range that best meets your budget. In addition to our regular sessions, it is my practice to charge the therapy rate on a prorated basis for other professional services you may require such as telephone conversations lasting longer than 15 minutes, attendance at meetings or consultations with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other professional service that you may request. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time. Because of the complexity and difficulty of legal involvement, I charge \$250 per hour for preparation and attendance at any legal proceeding.

Billing and Payments:

You will be expected to pay the full fee at the time of each session unless we agree otherwise. I accept payments by check, cash, or credit card. Payment schedules for other professional services will be agreed to when they are requested. If you make a payment by check and your check does not clear due to insufficient funds or any other reason, you will be expected to pay in full plus pay for any related bank fees incurred as a result.

Insurance Reimbursement:

I am in network with several major health insurers, however, if you are reading this document- you have chosen to bypass insurance and self-pay. While choosing to self-pay, you still have the option of paying by using your HSA or FSA funds.

Contacting Me:

I am often with other clients and do not answer calls during session. Please leave a message on my confidential voicemail at (612) 986-0893. I will make every effort to return your call as soon as possible within 24 hours. Please identify the best time to return your call and if you want me to use discretion if I need to leave you a message. I will provide you with the name of a colleague to contact if I'm unavailable for an extended period of time. If you are experiencing an emergency situation, please contact the National Suicide Prevention Lifeline at 1-800-273-8255, emergency services at 911, or go to the nearest hospital emergency room and explain your situation.

Professional Records:

The laws and standards of my profession require that I keep treatment records. You are entitled to examine and/or receive a copy of your records. Because these are professional records, they can be misinterpreted or emotionally damaging to people who are not mental health professionals. If you'd like to review your records, I recommend that we review them together so we can discuss their contents. Clients will be charged \$.75 per page and \$10 for administrative time for the costs of copying and sending records if requested. File copies require at least a three day notice.

Confidentiality:

In general, the law protects the privacy of all communication between a client and a therapist. I can only release information about your treatment to others if you sign a written authorization form. You can revoke any such authorizations at any time in writing. However, in the following situations your authorization is not required for me to release information:

1. Therapist's duty to warn another in the case of potential suicide, homicide or threat of imminent, serious harm to another individual.
2. Therapist's duty to report suspicion of abuse or neglect of children or vulnerable adults.
3. Therapist's duty to report prenatal exposure to cocaine, heroin, phencyclidine, methamphetamine, amphetamine or their derivatives, THC, and excessive habitual use of alcohol.
4. Therapist's duty to report the misconduct of mental health or health care professionals.
5. Therapist's duty to provide a spouse or parent of a deceased client access to their child or spouse's records.
6. Therapist's duty to provide parents of minor children access to their child's records. Minor clients can request, in writing, that particular information not be disclosed to parents. Such a request should be discussed with the therapist.
7. Therapist's duty to release records if subpoenaed by the courts.

Please discuss any questions or concerns you have about confidentiality with me at any time. If you have specific legal questions about the laws regarding confidentiality, the exceptions, and how it may relate to your situation, please seek formal legal advice from an attorney.

Additional client rights are listed in detail on the Notices of Privacy Practices/Health Insurance Portability and Accountability Act (HIPAA) document. If you are concerned that I have violated your rights or you disagree with a decision I have made about access to your records, please inform me as soon as possible so we can try to resolve your concerns. If you prefer to discuss

your concerns with someone else, you may contact the Board of Marriage and Family Therapy, 2829 University Ave SE Suite 400, Minneapolis, MN 55414-3239; (612) 617-2220.

Minors:

If you are under 18 years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is my policy to request an agreement from your parents that they consent to give up access to your records. If they agree, I will provide them only with general information on how your treatment is proceeding as well as a summary of your treatment when it is complete. However, if I feel that there is a high risk that you will seriously harm yourself or another, I will notify them of my concern. Before giving your parents any information, I will discuss the matter with you.

Changes in Services or Rates:

I reserve the right to change the policies, practices and rates described in this document. I will notify you within 30 days prior to any significant changes.

Contract Signatures:

By signing the Services Agreement document you are indicating that you have received, read and understand the information in the document, you have discussed the contents with me to your satisfaction, and you agree to abide by its terms during the course of our professional relationship. The Notice of Privacy Practices has been provided to you in accordance with the Health Insurance Portability and Accountability Act (HIPAA). By signing below you are indicating that you have received, read and understand the information contained in the Notice of Privacy Practices.

Signature

Date