

# **Information about Our Psychological Services and Policies and Procedures Related to Client Rights and Responsibilities**

## **Introduction**

Family Based Therapy Associates is a clinic staffed by individuals with training in social work, marriage and family therapy, and psychology. We are committed to providing quality counseling and mental health care. Effective therapy requires a working partnership between client and clinician. In order to engage in such a partnership, it is important for you to have a basic understanding about the treatment process and your rights and responsibilities as a client.

## **Getting to Know You**

In the first session you will complete introductory paperwork and meet with your clinician. You will talk about your reasons for coming in and your current situation. You will be asked questions about the history of your family as well as your own history. You and your clinician will develop a treatment plan focusing on your behavioral health needs within your first two sessions. The frequency of your sessions will be based on your individual assessment.

## **Treatment Process**

Therapy is not easily described in general statements. It varies depending on the personalities of the clinician and client, and the particular problems you bring forward. There are many different methods your clinician may use to deal with the problems you would like to address. You and your clinician will work together to identify treatment goals; the length of time in therapy will vary according to your individual needs and will be discussed throughout the course of your care. Therapy is not like a medical doctor visit; instead, it calls for a very active effort on your part. In order for therapy to be successful, you will have to work on things we talk about both during sessions and at home.

Therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, and helplessness. On the other hand, therapy has also been shown to have benefits such as better relationships, solutions to specific problems, and significant reduction in feelings of distress. But there are no guarantees of what you will experience as therapy can be of significant assistance to some clients, of some assistance to others, and of no assistance to other clients.

For some clients in therapy, thoughts and feelings of suicide can arise. It is important for you to inform your clinician if you begin to experience suicide thoughts or feelings in order for the proper therapy help to be provided to you.

## **Emergency Services – Coon Rapids Office**

As a part of our services to clients, we provide a 24 hour voice messaging service by calling our office phone number at (763) 780-1520. After business hours it will connect you to a voice messaging system directing you to

local emergency numbers or allow you to leave a message for your clinician. You can also access emergency services by going to your local medical center emergency room.

### **Emergency Services – Cambridge, Chisago City and St. Louis Park Offices**

As a part of our services to clients, we provide a 24 hour voice messaging service. Calling our Cambridge office at (763) 689-9407, our Chisago City office at (651) 257-2733 or our St. Louis Park office at 763-780-1520 after business hours will connect you to a voice messaging system directing you to local emergency numbers or allow you to leave a message for your clinician. You can also access emergency services by going to your local medical center emergency room.

### **YOUR RIGHTS AS A CLIENT OF FAMILY BASED THERAPY ASSOCIATES:**

You can expect we will strive to provide services in a manner respecting your basic rights.

#### THE RIGHT TO EQUAL TREATMENT:

You have the right not to be discriminated against on the basis of race, age, sex, ethnic origin, creed, disabilities or sexual preference. If you feel you are being discriminated against, please say so. If your concern is not resolved to your satisfaction, you may submit your complaint to:

Minnesota Department of Human Rights  
State Office Building  
St. Paul, MN 55155

Department of Health & Human Services  
Social Services Rehabilitation Services  
Washington, DC 30301

If you believe that your complaint has not been fully satisfied you can also contact the state licensing division at:

State of Minnesota  
Department of Human Services  
Human Services Building  
444 Lafayette Road  
St. Paul, MN 55155-3842  
(651) 296-3971

#### THE RIGHT TO PROFESSIONAL PROVISION OF CARE AND TREATMENT PLANNING:

You have the right to information concerning the conditions of treatment from your clinician:

1. Information about professional competencies including training, experience, education or relevant personal information.
2. Proposed fees, method of payment, and practices regarding payment for the services.
3. Method for presenting a grievance of complaint about the clinician, not only within the agency but to the organization regarding the profession. If your clinician is a psychologist, this includes the Ethics Committee of the Minnesota Psychological Association and the Minnesota State Board of Psychology. If your clinician is a Social Worker, this includes the Minnesota Board of Social Work and the National Association of Social Workers. If your clinician is a Marriage and Family Therapist, this

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- includes the Minnesota Board of Marriage and Family Therapy. You have the right to present grievances without reprisal. All clinicians adhere to the professional code of ethics of their discipline.
4. Considerate and respectful care, especially regarding your social interests, cultural, spiritual and psychological well being.
  5. You have the right to understand the purpose of the services you receive, including an estimate of the number and length of therapy sessions, the duration of treatment, the treatment method and the expected outcome. This also includes:
    - a. Knowing the name of the mental health professional responsible for you care.
    - b. Having complete and current information about your diagnosis and treatment.
    - c. Knowing available services and their cost as well as recourse outside the agency which may relate to care and treatment.
    - d. If you are considering psychotropic medication, hospitalization or other medical treatment, an appropriate medical staff member shall inform you of the treatment alternatives, action of medication or medical procedure and possible side effects.
    - e. Participation in treatment planning.
    - f. You have the right to read your own records. The clinician shall assist you to understand written records by being available to answer questions and to explain the meaning of test scores and technical terminology. For this reason you may have to make an appointment to read your records.
    - g. A parent or legal guardian has the right to see the records of his or her minor child. We recommend the parent waive this right, especially for adolescent children, unless an issue of personal safety is involved. When parents monitor the child's records, it may prevent the clinician from discovering the problems between the child and parent which are the basis of the need for counseling.

#### THE RIGHT TO CONFIDENTIALITY:

All information disclosed within sessions and the written record pertaining to those sessions are confidential and may not be revealed to anyone without the client and/or guardian's written permission, except where required by law. Please see Family Based Therapy Associates' *Notice of HIPAA Privacy Practices* for detailed information related to confidentiality of protected health information. A review of many exceptions is provided below.

Email, Cell Phone and Fax Communications: It is very important to be aware that communication by email, cell phone and fax can be relatively easily accessed by unauthorized people and as such the privacy and confidentiality of such communication can be compromised. Emails, in particular, are vulnerable to unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify your clinician at the beginning of treatment if you decide to avoid or limit the use of email, cell phone or fax communication.

Electronic Records: Family Based Therapy Associates maintains all records related to treatment by electronic means on a secure server maintained by Procentive, Inc. that is in compliance with all regulations related to the confidentiality of protected health information. If you would like more information related to the manner in which your confidentiality is protected under this system, it is available upon your request.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance provider or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct your clinician,

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only the minimum necessary information will be disclosed to your insurance provider. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, clinical notes and summaries. Family Based Therapy Associates has no control or knowledge over what insurance companies do with the information submitted or who has access to this information.

**Release of Information to Others:** If there is a need to share information in your record with someone not employed or contracted here (i.e. psychiatrists, supervisors, another clinician, chemical dependency counselors, occupational clinicians), you will first be consulted and asked to sign a form authorizing release of this information. The form will specify the information which you give us permission to release, to whom it is to be released, and the time period during which the information may be released. You can revoke your permission at any time by simply giving us written notice.

**Other Exceptions to Confidentiality:** As indicated above, both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of this clinic not to release information about a client without a signed release of information. However, the following are exceptions to confidentiality:

**Duty to Warn and Protect:** When a client discloses intentions or a plan to harm another person, the health care provider is required by law to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required by law to notify legal authorities and make reasonable attempts to notify the family of the client.

**Abuse of Children and Vulnerable Adults:** If a client states or suggests that he or she is abusing a child (or vulnerable adult), or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the health care professional is required by law to report this information to the appropriate social service agency and or/legal authorities.

**Prenatal Exposure to Controlled Substances:** Health care professionals are required to report known or suspected prenatal exposure to controlled substances that are potentially harmful to the fetus. This report would be filed with the appropriate welfare agency.

**In the Event of a Client's Death:** In the event of a client's death, the executor of the client's will (or spouse or parents, if no will exists) have the right to access a client's records. If there is an executor of a will, that person (and only that person) may access the client's health information.

**Professional Misconduct:** Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

**Court Orders:** Health care professionals are required to release records of a client when a court order has been served.

**Minors/Guardianship:** Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

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**Other Provisions:** When fees for service are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (i.e. diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid, it may be reported to credit agencies, and the client's credit report may state the amount owed, time frame and the name of the clinic.

Information about clients may be disclosed in consultation with other professionals in order to provide the best possible treatment. In such cases, the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

In some cases, notes and reports are dictated and transcribed within the clinic or by outside services specializing (and held accountable) for such procedures.

When couples, groups, or families are receiving services, separate files are kept for individuals for information disclosed that is of a confidential nature. The information includes (a) testing results, (b) information given to the mental health professional not in the presence of other person(s) utilizing services, (c) information received from other sources about the client, (d) diagnosis, (e) treatment places, (f) individual reports/summaries, and (h) information that has been requested to be separate. The material disclosed in conjoint family or couples sessions, in which each party discloses such information in each other's presence, is kept in each electronic/paper file in the form of case notes.

In the event in which the clinic or mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give other information, efforts are made to preserve confidentiality. Please inform our reception staff where we may reach you by phone and how you would like us to identify ourselves. A record of this request will be kept in your electronic/paper file. For example, you might request that when we phone you at home or at work, we do not say the name of the clinic or the nature of the call, but rather the mental health professional's first name only. If a specific request is not provided to us, we will adhere to the following procedure when making phone calls: first, we will ask to speak to the client (or guardian) without identifying the name of the clinic. If the person answering the phone asks for more identifying information, we will say that it is a personal call. We will **not** identify the clinic (to protect confidentiality). If we reach an answering machine or voicemail, we will follow the same guidelines.

## **YOUR RESPONSIBILITIES AS A CLIENT AT FAMILY BASED THERAPY ASSOCIATES**

### Your Responsibility Regarding Maintaining Appointments (Cancellation Policy):

As the client, it is your responsibility to keep your scheduled appointment with your clinician. If for any reason you know you cannot make it, please cancel and reschedule as soon as possible. At least 24 hour notice is expected when cancelling appointments. **If you do not call to cancel 24 hours in advance and/or do not show up for you appointment, it is our policy that there will be a charge for this missed appointment.** The charge for the appointment if you do not abide by the 24 hour cancellation policy will be \$60.00. Please note that you are responsible for missed appointment fees, not your insurance company. If a pattern of late cancellation or no-shows develops, the clinic and/or your individual provider reserves the right to discontinue services, providing you with a referral to other service providers who can meet your treatment needs.

### Your Responsibility Regarding Payment for Services:

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As providers, we try very hard to get all the information regarding payment from you prior to your first visit. Your payment information needs to be given to and/or discussed with one of our office staff prior to meeting with a clinician. It is your responsibility to provide us with updated insurance information if your policy changes at any time during the course of treatment. In certain cases you may need to contact your provider or another family member regarding coverage. The following are common billing problems which make the process more complicated:

1. Another family member carries insurance coverage (and information) other than the person receiving services.
2. The custodial parent is bringing the child in for services and primary insurance coverage is held by the non-custodial parent.
3. You have more than one third party payer, such as MN Care and an insurance company.

Your financial responsibilities include any of the following, where applicable:

1. Co-pay
2. Deductible
3. Any charges for treatment not covered by insurance
4. Full payment for "missed or late cancel" appointment fees as described above

Unless you are on Medical Assistance, you will receive a bill/statement once per month. This will include your charges, and a record of third party payments. Sometimes it takes several weeks for the insurance company to begin initial payments.

Your Responsibility to Clinical and Administrative Staff:

You have the responsibility to treat professional and administrative staff in a respectful manner while they are in the course of providing services. This includes the responsibility to expect that agreements reached about payment amounts, procedures, and appointment times will be honored by you.

If you have questions regarding your statement, please feel free to contact Tammy Gudim in our Coon Rapids office, which is located at 199 Coon Rapids Blvd., Coon Rapids, MN 55433. Ms. Gudim's phone number is (763) 780-1520, ext. 208.

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