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651-472-6535

Therapy Policies Agreement

This document provides important policies and information about professional services provided by Foundation Therapies, Inc. Please read it carefully so you can discuss questions and concerns with your therapist. By signing this form, you are agreeing that you have been provided this information and that you understand it. You are also agreeing that you have received the Notice of Privacy Practices (HIPPA) and the Client Bill of Rights and have been provided the opportunity to review them and ask questions.

Therapy Services

Seeking help for your individual or relationship struggles is sometimes a difficult choice and you might feel at the end of your rope. It's for this reason that it is so important for you to find a therapist that can relate to you and whom you trust. Research shows that the outcome of therapy is largely affected by your trust in your therapist. In the first few sessions, together, we'll make sure your therapist is a good fit for you.

Your sessions will be 50 minutes long (unless otherwise specified) with payment due at the end of each session.

For information about the services provided, check our website at <http://www.foundationtherapies.com>.

Billing & Payments

We do not accept health insurance. This is a conscious choice, as we believe that your private information, especially as it relates to your intimate life, should remain private. Private pay allows us to keep your diagnosis, plan for treatment, and any concerns you bring up with your therapist completely confidential (within the legal limits). You may be able to use your HSA account for my services. Please contact your HSA company in advance to determine reimbursement. If you choose, you may be able to access out-of-network benefits with your insurance provider. Payment is due at the time of service and you will be provided a statement necessary for possible reimbursement. Make sure to contact your insurance provider in advance to determine eligibility.

Sessions are \$120 per 50-minute hour prior to 4pm and \$145 4pm and later. Additional time is billed at \$2.40 per minute beyond your 50 minute session. Foundation Therapies reserves the right to increase session fees, which are assessed every six months. We will provide you a written notice of increase 30 days in advance. We accept cash or credit card.



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We require a minimum of 24 hours notice for cancellations; less than 24 hours notice will result in the full session fee.

Confidentiality

Your mental health information is confidential, as governed by federal (HIPPA) and state law. There are some limitations to this confidentiality:

- We are obligated to report any maltreatment of minors or vulnerable adults. This includes physical abuse, sexual abuse, or neglect. It also includes any prenatal exposure to controlled substances.
- We are obligated to report any serious harm you intend to inflict on yourself or others.
- We are obligated to share information if directed by Court Order.
- We are obligated to share information with licensing boards, when pertinent to disciplinary proceedings involving your therapist.
- We may consult with other licensed providers to help ensure the highest quality of care. We will ensure confidentiality by refraining from using names or other identifying information. If we need to disclose identifying information to Foundation Therapies staff or independent contractors for consultation purposes, they are also required to keep your confidentiality.

Confidentiality

When working with couples our therapists may at times choose to work with each partner individually. During those times, the rules of confidentiality apply only to those in the room. This means your therapist holds the confidence of each partner separately. Although some therapists have “no secrets” policies, we believe each partner needs a safe place to disclose relational information in order to do their best work. That said, keeping secrets from your partner may not be in your best interest therapeutically and may complicate your couple’s work. Please inform your therapist of questions about this policy.

Therapy Add-ons

Our clients are important to us at Foundation Therapies. To provide you the best service possible, we occasionally provide online counseling, email check-ins, and phone therapy.

Online counseling is provided via a HIPPA compliant Skype-like service and is billed at

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the same rate as traditional office therapy. Each session is 50 minutes in length. Please secure a private location for your video conferencing session. We require that all clients attend their first session in person so your therapist can determine if online counseling is appropriate for your individual concerns. Online counseling is not offered when significant mental health concerns are present.

Phone therapy is used primarily for crisis situations or coaching for emotional regulation between sessions and are not used to replace office visits. Phone sessions are billed at \$2.40 per minute. Your credit card will be charged immediately following the phone session. Sessions will be scheduled in advance at a time convenient for both therapist and client. Therapist will inform you of maximum time allowed for the call based on availability. Please secure a private location for your phone call.

Email is used to check in and provide support and insight between sessions as needed and at the discretion of your therapist. There is no additional charge for email support between sessions. Brief emails will be read and responded to within 24 hours. Lengthy emails will be printed and discussed during your next scheduled session. Email communications may not be confidential and are only responded to if you agree to the limits of confidentiality below (see Contacting your Therapist).

Social Media

We use Facebook and Twitter professionally and allow current or potential clients as well as others to follow or “like” us, however, we do not accept friend or contact requests from current or former clients on personal Facebook page or Instagram. We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship. Be aware that your activity on Foundation Therapies professional pages or accounts may compromise your confidentiality. We will not follow or “like” you back due to confidentiality concerns. If you have questions about this, please bring them up when you meet your therapist.

Community Interaction

As Foundation Therapies therapists may live and work in the same community, it is important to know how we will respect your privacy in public if we find ourselves in the same place at the same time. If your therapist sees you in public, they will not acknowledge you first. You are always welcome to say hello if you are comfortable but in order to protect your privacy and confidentiality, they will not initiate contact nor will



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they introduce the person or people they're with. If you would like to introduce yourself, again, you are welcome.

Release of Records

The majority of the information you and your therapist discuss will be held confidential. Your client record is legally the property of Foundation Therapies, Inc. You may have access to information contained in your file, when requested in writing, unless your therapist believes that seeing it would be emotionally damaging to you. In that case, your therapist will release your file to the mental health professional of your choice. Information can be released to other providers only through written release of information. We reserve the right to charge for copying and mailing your requested records.

Coordinating care with a primary physician is sometimes helpful. Please inform your therapist of any contact you would like me to have with your physician. Indicate your preference below:

- _____ I do not have a primary physician.
- _____ I do not want therapist to release my information to my primary physician.
- _____ I request therapist to release my information to my primary physician and I have completed the Release of Information form required (separate form).

Litigation Limitations

Due to the nature of the therapeutic process, clients often disclose confidential information they would not want revealed in court. In order to protect the therapeutic relationship and your private information Foundation Therapies, Inc. does not perform court evaluations or appear in court on behalf of clients. Your therapist is not trained for this nor do they maintain records for the purpose of court involvement.

In the event that your therapist or their records are called to court through court order or by subpoena, for them to testify before any court, arbitrator, or other hearing officer at a deposition, you agree to pay Foundation Therapies, Inc. for the therapist's services, including but not limited to travel, necessary expenditures (copies, parking, meals, etc.), time spent speaking with attorneys, reviewing records and preparation of reports at the rate of \$250 per hour, rounded to the nearest half hour. You agree to pay a retainer fee of \$2,000.00 three weeks prior to the appearance, presentation or records, or testimony requested.



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Contacting your therapist

Due to the nature of your therapist's work, they are often in session with other clients and not able to answer the phone immediately. You are free to leave a confidential voicemail and they will do their best to respond to you during business hours, same day if possible.

However, if you are in an emergency situation, please call the Crisis Connection at 612.379.6363 or call 911 or go to the nearest emergency room.

Although your therapist does not use email to provide therapy, they may use email to discuss issues such as scheduling, billing, and payment information as well as to provide resources and support as requested by you and as time allows. Email is not a secure medium of communication. Should you elect to email us, we cannot guarantee the safety and security of that communication. Check one to show your preference:

_____ I accept the risks and choose to email my therapist for scheduling, billing and accepting resources.

_____ I prefer not to email my therapist.

Acknowledgement of Therapy Policies Agreement

I have received the Notice of Privacy Practices (HIPPA) and the Client Bill of Rights and I have been provided an opportunity to review them and ask questions. My signature indicates my consent to treatment. The nature, purpose, risks, and benefits of treatment have been explained to me; I agree to the above conditions for services.

Client Signature

Date

Client Signature

Date