

FEE POLICY

Client Name _____

Intake Date _____

The payment is expected at the time of each session. The rate is \$150 per 50 minute session with Emileah Most, unless other arrangements have been made to be \$_____ per hour. I also offer a financial aid policy for individuals experiencing economic barriers to therapy. Please ask your therapist to provide you with information about our financial aid policy if needed. If you have questions about acceptable forms of payment, please discuss this with your therapist.

There is a charge for a written report of files based on an hourly fee structure. Your therapist will give you a 30-day notice if fees are charged. In court cases, you are encouraged to pass information on to lawyers and the court through written reports, which can be generated by your therapist at the hourly fee rate. If your therapist is asked to do a deposition or appear in court, the fees are \$350 per hour plus a mileage fee of \$0.75 per mile.

- The client is fully and directly responsible to the therapist for the payment of services rendered.
- A receipt can be requested, which may be submitted to an insurance company.
- In addition to the session fee, the client will be charged \$20/per week for each fee that is not received at the time of session. Fees are considered late if the therapist does not receive the fee at the time of the session.
- The client will be charged \$30 fee for a returned check, in addition to other charges that may apply.
- Telephone conversations longer than 10 minutes will be charged a prorated hourly fee.
- The client will be charged the full amount of the session for missed appointments or for cancelled appointments that occur without a 24-hour notice.

Please initial and sign the following:

___ I understand the current fee schedule and my responsibility for payment of the fees.

___ I understand that services will be provided on a private-pay basis and that the fee is due at the time of service. At my request, the therapist will provide a summary receipt that I may submit for possible medical flexible spending account reimbursement.

___ I have discussed the fees for therapy and understand that services will be out-of-network with my insurance company, and therefore all fees accumulated while being a client are my responsibility.

___ I have been given a copy of the current fee policy and have been given the opportunity to discuss my financial situation with my therapist. I understand that I will be responsible for all fees as indicated on the current fee schedule and as outlined on this payment contract. I am also aware that I will be charged for late payments, cancellations, and for not showing up to my appointment

Signature of client or guardian _____ Date _____

THERAPY AGREEMENT & INFORMED CONSENT

This agreement is designed to help build a positive working relationship between you and your therapist. It also informs you of your rights and responsibilities in the therapy relationship. If you have any questions or concerns, please discuss them with your therapist.

1. Therapeutic Relationship

The relationship between you and your therapist is very important and different than other relationships in your life. You are expected to talk freely and openly about yourself, much more so than you do in social relationships. Your therapist's responsibility is to listen, select, sort, make observations, and reflect to you your behaviors, thoughts, feelings, values, and beliefs that will enable you to deepen your understanding and awareness about yourself and others. The goals of this process are to help you reorganize your thinking, feelings, and behaviors in a manner that may be satisfying to you. This does not predict, nor guarantee, a successful outcome in therapy. While your therapist may suggest changes, only you can choose if those changes are valuable and pertinent, and only you are able to make those changes.

The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. It is critical to stay with the therapy process even during these uncomfortable times. During this time, personal growth often happens because you are applying new skills and feeling more courageous in meeting your struggles directly. Therapy is also very supportive and reassuring, which can be very rewarding, and can have life changing outcomes.

You and your therapist will work together to establish goals for therapy and this will be the focus of your beginning sessions. Goals will be revisited throughout therapy. As you near the end of therapy, you and your therapist will discuss discontinuing therapy, with the understanding that you can choose to return anytime if you feel the need.

Sometimes, clients may have additional needs for treatment that cannot be met by your therapist. If this happens, it may be necessary to seek additional professional help. Your therapist can provide referrals for you to seek other professional help.

2. About Emileah Most, MS, LMFT

Emileah Most (she/her) is a Licensed Marriage and Family Therapist in the state of Minnesota. Emileah strives to guide individuals, couples, and families toward integration and wellness. She operates from a holistic lens, welcoming the various aspects of life and being, including sexual orientation, gender expression, cultural messages, religion and spirituality into the therapeutic exploration. A great deal of the sessions are geared toward the present moment, tuning into the experience of the body, to reveal wisdom and healing. Emileah brings creativity, mindfulness, and occasionally humor into the therapeutic sessions from a structural, strategic, and experiential lens. She has a desire for working with women, young adults, and adolescents. Areas of special interest include: anxiety, depression, eating disorders, prenatal/pregnancy/birth/postpartum care, racial issues, gender identity/expression, and sexual orientation.

3. Appointment

Appointments are typically 50-120 minutes in length. You and your therapist will work together to personalize an appointment schedule to fit your needs.

4. Cancellation Policy

If you need to cancel an appointment for any reason, please do so at least 24 hours in advance by email or phone call. You will be charged a full fee for appointments that are cancelled within 24 hours.

5. Confidentiality

Client information is kept strictly confidential and the release of information about you to anyone can only be done with your written consent. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If you threaten or attempt to commit suicide or otherwise conduct yourself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If you threaten grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that you or another named person is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.
4. If the therapist has a reasonable suspicion, as stated above, in the case of an elderly person or a person considered a vulnerable adult who may be subjected to these abuses or suspects neglect of a child under the age of 18 years or a vulnerable adult.
5. If a court of law issues a legitimate subpoena for information stated on the subpoena.
6. During professional consultation, the therapist may discuss facts in a case, but the identity of the client will remain confidential.

If you see your therapist outside of the therapy office, she will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to your therapist. However, if you acknowledge your therapist first, she will be more than happy to acknowledge you.

It may be helpful to meet with your therapist individually when you are attending couple or family therapy. If individual sessions are scheduled, no confidences will be held by the therapist. Your therapist reserves the right to use her best judgement to share pertinent information, or will ask the individual to share the information, keeping in mind the best interest of the couple or family. For information to be shared between your therapist and other members of the partnership or family, I require a signed release of information from all parties. When children are being seen by the therapist, the custodial parent(s) will be informed of their child's progress for children under the age of 18.

6. Hours and Emergencies

After normal business hours, you may try to contact your therapist by leaving phone messages on her number listed above. Messages are retrieved regularly throughout the weekdays but not consistently after hours. Your therapist will try to respond to you within 1-2 business days.

If you are in need of immediate assistance, please call 9-1-1, 2-1-1 (United Way's Alliance of Information & Referral), or Ramsey County's 24/7 mental health crisis line at 651-266-7900 or go to the nearest hospital emergency room.

Other phone numbers that will provide you with support are the following:

National Suicide Prevention Lifeline 1-800-273-8255 (TALK)

Trans Lifeline 1-877-565-8860

Tubman (domestic violence help) 1-612-825-0000

Trevor Project (Queer and Trans Youth) 1-866-488-7386

7. Complaints

You are urged to discuss with your therapist any questions, concerns, or problems that you may have about the therapy you receive. Often, part of the therapeutic relationship involves working through misunderstandings or misconceptions. You also have the right to file a complaint with your therapist at the Board of Marriage and Family Therapy phone: 612-617-2220 address: 2829 University Avenue SE, Suite 400.

https://mn.gov/boards/assets/Complaint%20Registration%20Form%20-%20AUGUST%202019%20-%20CURRENT_tcm21-399124.pdf#False

8. Therapy Sessions, Risks, and Benefits of Therapy

An important aspect of therapy is the relationship that develops between you and your therapist. As with any new relationship, it takes some time to build trust and feel safe in the therapeutic setting. If the relationship does not develop after a reasonable amount of time (three to four sessions), you may want to talk with your therapist about your relationship and a referral can be made. Your therapist will be happy to help you with this. The therapeutic relationship is unique in that you will be focusing on aspects of yourself that may not ordinarily receive attention. As each client is different, each session varies depending on the needs of the client and the goals set by the client(s) and therapist. The therapist will work with the client towards healthy development, meaningful and satisfying relationships, and address conflict on the individual and interpersonal level. The intention of therapy is to address relationship issues, behavioral problems, family-of-origin concerns, and destructive thought patterns, so that the client(s) can feel more joy, passion, and hope in his/her/their life. Core values and beliefs are identified and based on the issues of concern that brought you to therapy. Your therapist will help with insight and observations that will promote positive change and work towards your goals. Your therapist will strive towards a safe environment in which clients can talk freely and openly about their concerns.

Therapy is a process. There is no guarantee that therapy will work for you. Initially you may feel uncomfortable, even anxious when talking about sensitive issues. This anxiety begins to reduce as the relationship between you and your therapist develops and trust builds. As you learn new ways to interact with yourself and others, these new ways to interact may feel uncomfortable. Sometimes things seem to get worse before they get better. This is expected and typical of everyone making life adjustments.

One of the most growth-producing times for the client can be when he/she expresses anger with the therapist. This expression of "owning" one's feelings and having the therapist respect them often results in a very affirming experience for the client. Your therapist is open to hearing about your concerns and feelings.

It is critical to stay with the therapy process even during these uncomfortable times. Once you get through this phase, and as we discuss the emotions around these issues, you should begin to feel more comfortable. During this stage, you will continue to apply the new skills and you will feel more courageous in meeting problems directly. As you near the end of therapy, you and your therapist will discuss discontinuing therapy, with the understanding that you can choose to return any time if you feel the need.

Sometimes, clients may have additional needs for treatment that cannot be met by your therapist. If this happens, it may be necessary to seek additional professional help. Your therapist can help you connect with additional professional help.

9. Security of Communications

Email and SMS (text messages) can be useful ways to communicate with your therapist. Please note, however, that the security of these messages cannot be guaranteed. I encourage you to

use these types of communications at your own discretion in relaying information of a sensitive or therapeutic nature. Please consider the risks involved. To protect your privacy, I will only use the approved modes of communication (assigned in the Intake Packet) for logistical, scheduling, and billing purposes.

10. Therapy Techniques

A combination of psychotherapy techniques will be used by their therapist to promote a deeper understanding of yourself and your loved ones and to help you build the skills that may lead to positive change. Techniques used may include: Cognitive Behavioral Therapy (addressing negative thoughts, feelings, and behavior), Emotionally-focused Couples Therapy, Gottman Method of Couple Therapy, Systems Approach, Structural Family Therapy, and Solution Focused Therapy, among others. If you have questions about the therapeutic techniques used, please ask your therapist directly and she will be happy to explain anything more thoroughly.

Initial and sign the following to provide informed consent in participating in therapy with Emileah Most:

___ I have received, read, and understand the Therapy Agreement and Privacy Policy.

___ I have received, read, understand, and agree to the Fee policy.

___ I have received, read, understand, and agree to abide by the Safety

Signature _____ Date _____

Witness _____ Date _____

PRIVACY PRACTICES

The privacy of your medical information is important to your therapist, with the understanding that this information is personal. Therefore, we are committed to protecting it. To comply with certain legal requirements, your therapist creates an individual record of the care and services you receive to better provide you with quality care. This notice details the ways that your medical information may be used or shared. Furthermore, it describes your rights and certain duties we have regarding the use and disclosure of medical information. This notice is effective April 14, 2003.

1. **Uses of Information Obtained from You:** The information your therapist obtains from you is used to establish diagnosis, determine your treatment plans and goals, provide the services you request, and establish your ability to pay for these services.
2. **Therapist's Legal Responsibility:** The law requires your therapist to keep your medical information private, give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information, and to follow the terms of the notice that is now in effect.
3. **Patient Rights:** Effective April 14, 2003, the 45 CFR Health Insurance Portability and Accountability Act (HIPAA) went into effect with rules on not only disclosure but also on the use of protected health information (PHI). Under this Act clients must be given a Notice of Privacy Practices upon the arrival of their first service. The following list of rights now applies to any patient of a health care provider:
 - a) The right to see and get copies of your PHI. You have the right to get an electronic or paper copy of your medical record. We will provide you with a copy of your record, or a summary of it, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so. If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we will not charge you a fee.
 - b) The right to request limits on uses and disclosures of your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or healthcare operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would affect your healthcare.
 - c) The right to request restrictions for out-of-pocket expenses paid for in full. You Have the right to request restrictions on disclosures of your PHI to health plans for payment or healthcare operations purposes of the PHI pertains solely to a healthcare item or a healthcare service that you have paid out-of-pocket. We will say "yes" unless law requires us to share such information.
 - d) The right to choose how we send PHI to you. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to reasonable requests.
 - e) The right to correct or update your records. You have the right to request that your therapist amend protected health information maintained in your clinical file or billing records. If you desire to amend your records, please request in writing the amendment and submit it to your therapist. Under certain circumstances, he/she

has the right to deny your request to amend your records and notify you of this denial as provided by the HIPAA regulations. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record. By “amend,” your therapist is permitted to append information to the original record, as opposed to physically removing or changing the original record.

f) The right to get a list of the disclosures we have made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or healthcare operations, or for which provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

g) The right to receive a paper copy of this notice. Upon request, you may obtain a paper copy of this privacy notice.

4. Use and Disclosure of Your Medical Information with Written Consent: Your therapist is permitted to use and disclose information about you for treatment and/or services to doctors, nurses, psychiatrists, psychologists, other mental health professionals. Also included are other people in charge of your care or health care professionals assisting in your treatment. Your therapist may also use and disclose your medical information for payment purposes to insurance companies for disability payments, etc. Furthermore, he/she may also use information for healthcare operations that may include information disclosed to business associates such as billing software providers or transcriptionists.

5. Use and Disclosures with Neither Consent Nor Authorization: According to state and federal requirements, your therapist is mandated to report information he/she/they maintains about you to other agencies or individuals without your written consent under the following circumstances: a) If your therapist has reason to believe there has been:

- abuse of a child or vulnerable adult.
- victimization due to violence.
- victimization due to other crimes.
- potential or intention to seriously harm another person, the therapist may have a legal obligation to warn the intended victim and/or the police.
- the possibility a pregnant woman has used a controlled substance (e.g., cocaine, heroin) for a non-medical purpose during the pregnancy.

b) If it is court-ordered.

c) If a non-custodial parent requests information, they may receive information about your therapist’s services for their child, but not about services to the other parent. d) If there is an emergency, your therapist may communicate your condition to a family member or other appropriate persons.

e) If your account is delinquent, your therapist may attempt to obtain reimbursement through small claims court or to a collection agency. Your therapist may also report delinquent accounts to credit bureaus.

f) Examination of records for an audit or accreditation.

- g) To meet federal, state, and local statistical requirements.
 - h) If a new statute, federal law, or State Commissioner of Administration authorizes a new use of the information after you had been given this notice.
6. Regarding Minors: Minnesota State Law authorizes that a minor has the right to request the private data about them be kept from their parents. This request will be honored if your therapist believes it will protect the child from physical or psychological harm.
 7. Providing Information About You: You are not required to provide information about yourself; however, without some information your therapist may not be able to provide the most appropriate services. If you are here because of a court order, and you refuse to provide information, that refusal may be communicated to the court.
 8. Right to Change Terms of this Notice: Your therapist may change the terms of this notice at any time. If this notice is changed, your therapist may make the new notice terms effective for all protected health information that is maintained, including any information created or received prior to issuing the new notice. If your therapist changes this notice, they will post it in public access areas, or give you a copy of the updated notice.
 9. Complaints: If you desire further information about your privacy and confidentiality rights, or are concerned that your rights may have been violated, or disagree with a decision that was made about access to your protected health information, you are encouraged to contact your therapist directly. You may also file a written letter of complaint with the Secretary of the Department of Health and Human Services. Your therapist will not retaliate against you if you file a complaint.

Please initial the following:

___ I have received, read, and understand the Privacy Policy.

Witness's initials:

___ I witnessed this document being initialed

SAFETY CONTRACT

I very much value your personal safety. This is an important and heartfelt concern that I take very seriously, both professionally and personally. To that end, I have developed this Safety Contract for you to review, sign, and refer to in the future throughout our time together.

1. My comments and conduct during sessions should never be attacking or threatening, but rather constructively focused. If I am ever feeling attacked or threatened by anyone during a session, I will discuss my concerns with my therapist.
2. If at any time I am feeling hopeless, despondent, or like I may want to give up, I will let my therapist know.
3. If I ever have thoughts or plans about ending my life or hurting someone else, I will dial 911 to get professional help immediately.
4. If I express a specific intention of harming myself or hurting someone else, I understand that my therapist is required to break confidentiality in order to provide safety to myself and others around me.

I agree to abide by this Safety Contract, both during and between sessions.

Signature _____ Date _____

Witness _____ Date _____