PSYCHOTHERAPY SERVICES AGREEMENT

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

Welcome to the therapeutic practice of **Lynn Harris Luetgers, 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 issues. 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, shame, 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 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.

Sessions: I typically schedule 50 minute sessions meeting once a week. If you arrive late for an appointment, we will only be able to meet for the remaining time of our scheduled session. Occasionally we may meet more or less than once per week based on your treatment plan.

Cancellations: Please contact me at least 24 hours in advance if you need to cancel your session. Fees for late cancelations or missed scheduled sessions is $105 (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. If you miss three scheduled sessions without 24 hour notice, we will discuss referrals to appropriate resources.

Rates: My professional fee per session is $175/50min. 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 10 minutes, attendance at meetings or consultations with other professionals you have authorized, and time spent performing any other professional service that you may request.

As client under this contract you agree not to subpoena any of my files or records and not to subpoena me as a witness in any court proceedings. If proceedings should require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the complexity and difficulty of legal involvement, I charge $300 per hour for preparation and attendance at any legal proceedings including but not limited to transportation, preparation of records or treatment summaries, notary services, and depositions.

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 and credit/debit cards in office or on-line via my website at www.lynnharris-luetgers.com. 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. Additionally, if a refund is issued from Square or Pay pal, you are responsible for any servicing fees.

***Insurance Reimbursement*:** To provide you with the most personal and confidential therapy services, I do not submit billing to insurance organizations. Your Insurance provider may pay for out-of-network therapy services, depending on your plan. Alternatively, you may use your FSA or HSA to cover services. Please check your coverage carefully.

Contacting Me: I am available via phone, text or email. I am often with other clients and do not answer calls or respond to communication during session. Please leave a **message at (612) 385-6630 or info@lynnharrisluetgers.com** and I will make every effort to respond as soon as possible, usually within 48 hours of normal business hours. Communication via email, text and phone are not necessarily secure. Although every effort is made to maintain confidentiality, the inclusion of private health information is at your own risk. Please consider the content of communication and save important information for face to face meetings. 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 call **emergency services at 911**, or go to the nearest hospital emergency room.

Social Media Policy: I do not interact or accept "friend" requests via social media sites (Facebook, LinkedIn, etc) because it has the potential to compromise privacy and complicate our therapeutic relationship.

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 a copy and retrieval fee if a file copy is requested.

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 excesses and 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.
8. Therapist's obligations to contracts (e.g. to employer of client, to an insurance carrier or health plan.)

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.

If an emergency occurs and I am unable to provide you services, I may need to share protected health information with colleague, Susan Sirianni, LMFT, for both clinical and administrative purposes, such as billing, scheduling, and quality assurance. She is bound by the same rules of confidentiality as I am. By signing this document, you are stating you agree with the release of your health information to Ms. Sirianni if the need arises.

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, University Park Plaza Building, 2829 University Avenue SE, Suite 330, Minneapolis, MN 55414-3222.

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. 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.

Lynn Harris Luetgers, LMFT
licensed marriage & family therapist
612.385.6630

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.

_____	_____	_____
Client - Print Name	Signature	Date

_____	_____	_____
Client - Print Name	Signature	Date

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