

## **INTRODUCTION**

Welcome to Twin Cities Play Therapy Center. Please read through this introductory letter to the office prior to beginning therapy. Your therapist will answer any questions you have regarding any of these policies.

## **TREATMENT PROCESS**

In the first session you will complete introductory paperwork and meet your therapist. This is a time to get to know your therapist better as well as express your concerns about why you/your child are seeking counseling. Your therapist will have questions regarding your family's history. You and your therapist will develop a treatment plan based upon the concerns for yourself/your child within the first two sessions. Frequency of sessions will be based on your/your child's individual assessment. Please talk as openly as possible about the concerns for yourself/your child so that your therapist can better assist you in developing or adjusting your/your child's treatment plan.

## **YOUR CLINICIAN**

Your therapist is a licensed mental health professional with a specialty focus in play therapy. Therapists at Twin Cities Play Therapy Center also have extensive practice working individually with adults, adolescents, and family counseling. Your therapist's responsibilities to you/your child include providing responsible and quality counseling services. This includes treating you/your child with respect, maintaining confidentiality (see below), and informing you of you/your child's diagnosis and treatment options. Information about treatment options includes discussion of potential risks and benefits associated with counseling. In order to meet these responsibilities, your therapist may consult with other clinicians. This would be discussed with you.

## **CONFIDENTIALITY**

Twin Cities Play Therapy Center takes seriously the responsibility to hold in confidence what is discussed in counseling. Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. These situations include:

- 1.) suspected abuse or neglect of a child, elderly person or a disabled person,
- 2.) when your therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself,
- 3.) if you report that you intend to physically injure someone the law requires your therapist to inform that person as well as the legal authorities,
- 4.) if your therapist is ordered by a court to release information as part of a legal involvement in company litigation, etc.
- 5.) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc.,
- 6.) in natural disasters whereby protected records may become exposed or
- 7.) when otherwise required by law.

You may be asked to sign a Release of Information so that your therapist may speak with other mental health professionals or to family members.

### **APPOINTMENT INFORMATION**

Appointments are usually scheduled for 45-50 minutes. The practice's hours are 8am-8pm. Patients are generally seen weekly or more/less frequently as acuity dictates and you and your therapist agree. You may discontinue treatment at any time, but please discuss any decisions with your therapist.

You will be billed for a sessions that you cancel with less than 12 hours notice. You may leave messages 24 hours per day. You will be billed \$30 -- not just a co-payment. Insurance companies generally do not reimburse for failed appointments.

### **CONTACT INFORMATION**

Because your therapist takes their own calls, your therapist may be with a client or on the phone when you call. Please leave a message and he or she will call you back by the end of the work day. If you are calling after hours or your therapist does not answer and you are in a situation that requires immediate attention, contact Crisis Connection at (612) 379-6363 or call 911.

### **FEE POLICY**

Twin Cities Play Therapy Center will submit your insurance claim. Although Twin Cities Play Therapy Center may check benefits, costs, and co-payments as they pertain to your treatment, it is your responsibility to verify this information. Any amount that your insurance company will not be paying, such as co-payment, deductible, or change in coverage, is your responsibility. Please discuss openly if you feel there may be difficulty meeting these financial obligations. You are responsible for providing this office with copies of your insurance cards or with any changes with your insurance or coverage. Failure to do so may result in denial of your claim. If you choose to not use insurance, fees for service will be addressed on a case by case basis with the therapist.

Fees that are not covered by insurance and will be your responsibility are as follows:

1. Progress Report/Court Report writing - \$100/hour
2. Requested or Subpoenaed Court Appearances/Testimony - \$150/hour including travel time.

I have read and agree to the information stated in this form.

Client Name (Printed) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Representative Signature \_\_\_\_\_