



Aria Counseling

Assessment & Mediation Centers

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Fridley, MN 55432

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Minneapolis, MN 55408

(763) 572-2612

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Informed Consent

The process of psychological consultation, referred to as psychotherapy, requires the creation of a therapeutic contract. Within this contract the following will be agreed to: Your therapist agrees to treat you with respect, and to apply their knowledge and abilities to help you with the issues you present. We also agree to practice ethically and maintain your privacy and confidentiality within strict adherence to state guidelines. You agree to come to your appointments, to pay your fees, and to work toward your therapeutic goals.

Billing, Fees and Payment

Our third-party biller will verify the insurance coverage of our clients. Although we endeavor to be accurate, we do not guarantee either the accuracy or the extent of coverage. Our third-party biller will bill your insurance company for allowable fees, not including deductibles, co-payments or co-insurances that are paid by the client. Verification of your insurance does not imply or guarantee your insurance company will pay any or your entire bill. We encourage every client to also verify their coverage with their insurance company. Each client is responsible for fees incurred, regardless of whether your insurance company pays any or your entire bill. Please be advised clients are responsible for any bank fees incurred. every client to also verify their coverage with their insurance company. Each client is responsible for fees incurred, regardless of whether your insurance company pays any or your entire bill. Please be advised clients are responsible for any bank fees incurred.

Standard Fees (per session)

Initial Evaluation (Intake)	\$275
Psychotherapy 53+ mins	\$225
Psychotherapy 38-52 mins	\$175
Psychotherapy 16-37 mins	\$150
Family Psychotherapy w/out client	\$225
Family Psychotherapy with client	\$225
Group Therapy	\$75
Psychotherapy for a Client in Crisis	\$325
Psychotherapy for a Client in Crisis (add's 30 min)	\$165
Psych Reporting and Feedback (Testing 1st hour)	\$275
Psych Reporting and Feedback (testing add'l hour)	\$275

Aria Counseling, Assessment and Mediations Centers, PLLC has a sliding scale fee available to clients who will not be using insurance to pay for sessions. This fee is payable at the beginning of each session. If the client has insurance, but is choosing not to use it, the fee-for-service cannot be less than what insurance would pay per session.

Sliding Scale Fees (per session)

Licensed Psychologist	\$95-150
Licensed Marriage & Family Therapist	\$95-150
Licensed Professional Clinical Counselor	\$95-150
Psychotherapist	\$55-95

Sessions

We suggest that you schedule your sessions in advance with your therapist or call our office at (763) 572-2612.

Policy on Cancellations and Missed Sessions

Missed sessions and late cancellations make it more difficult to budget time to best serve our clients. Because of this, we request 24-hour notice for session cancellations. It is our policy to bill all sessions that the client fails to show for when 24-hour notice has not been given. Each therapist has their own late cancellation/missed appointment fee ranging from \$95-150. It will be up to your provider if the fee is waived. Therapists may have their own individual cancellation policy they will ask you to sign which supersedes the general clinic cancellation policy.

Insurance companies will not pay for a missed session or late cancellation and the fee will remain your responsibility. In some cases, your therapist may require a no-show fee prior to scheduling another session.

While we understand that emergencies can make a 24-hour notice impossible, if your therapist is not notified, they will charge for a missed session.

Client Rights

As a patient, client, or consumer of psychological services, you have a few rights that are part of the laws of the State of Minnesota. These laws govern the licensure and practice of psychology and of Ethical Standards for Psychologists, Professional Counselors, and Marriage & Family Therapists. Information regarding these laws is available from the Minnesota Board of Psychology located at 2700 University Ave. West, Room 101, St. Paul, Minnesota 55114. The telephone number is (612) 617-2230. In general, you have the right to a professional relationship in which the central focus is the issue you want to present.

Clients may automatically be charged for co-payments, deductibles, or co-insurance that is owed. All clients are required to complete and sign the credit card authorization form. Clients can pay their bill online at www.ariacounselingmn.com or call our office at 763-572-2612 for questions.

If a client's has a past due balance for 60 days, a client may receive an additional fee for non-payment. At 60 days, a therapist may initiate a letter be sent out to their client for non-payment. If a client does not pay their balance, it is at the therapist's discretion to stop seeing the client until payment is made.

Conflict of Interest

Counselors or therapists cannot work with friends, relatives, or people with whom they are otherwise closely associated. This would be a conflict of interest. It is in your best interest to seek help from a therapist who can remain objective.

Sexual Behavior

Counselors or therapists must not, under any circumstances, be involved with you in a sexual way. They may not "date" you, nor be involved with you in a dating manner. If you feel you are being treated inappropriately, you may file a complaint with the appropriate Board your therapist is licensed through, such as the Board of Psychology, Board of Behavioral Health, Board of Marriage and Family Therapy, or Board of Social Work.

Confidentiality

The information obtained from you will be used to establish diagnosis, determine your treatment plan and goals, and to provide the service you request. The information will also be used to establish a payment plan for services, and to collect reimbursement for services from a third-party payer, such as insurance companies or Medical Assistance.

Child abuse/neglect, including sexual abuse must be reported to the county, as must abuse of “vulnerable adults”. Threats made to others create a “duty to warn” the endangered individual(s). Also, if your therapist determines that you are a clear and present danger to yourself, your therapist is under an obligation to see that this danger is reduced by involving the police or your family for hospitalization.

You are not required to provide information about yourself. However, effective consultation and treatment is difficult, if not impossible, without this private information. If you are here because of a court order, and you refuse to provide information, that refusal may be communicated to the court.

We will share information with others at your request. To do that you need to sign a consent form or send us a letter stating to whom the information is to be sent, specifying what may or may not be released, and for what period you wish your permission to remain in effect.

If you feel that the information shared with others at your request violates your confidentiality you may file a complaint. To do this you need to sign a consent form or send a letter of disagreement to the Commissioner of Public Welfare, Attention: Data Privacy, Fourth Floor- Centennial Office Building, St. Paul, Minnesota, 55155.

If you are a minor, you have the right to request that data about you be kept from your parents. This request must be in writing and explain the reasons for withholding data from your parents and show that you understand the consequences of that action. In some cases, the law permits us to withhold information from your parents if that information concerns the treatment of drug abuse, venereal disease, or if you are married.

Client’s Bill of Rights:

All consumers of psychological services offered by Aria Counseling, Assessment and Mediation Centers, PLLC either from Licensed Psychologists (required by law) or Licensed Professional Counselors and Licensed Marriage & Family Therapists have the following rights:

1. The client has the right to complete current information concerning the practitioner’s assessment and recommended course of treatment, including the expected duration of treatment.
2. The client may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
3. The client’s records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.
4. The client has the right to be allowed access to records and written information from records in accordance with section 144.335.
5. Other services may be available in the community. Referrals will be furnished upon request.
6. The client has the right to choose freely among available practitioners, to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.
7. The client has the right to coordinate transfer when there will be a change in the provider of services.
8. The client may refuse services or treatment, unless otherwise provided by law.
9. The client is entitled to assert any of these rights without fear of retaliation.

Complaints

If you are dissatisfied with the services you receive, you should first discuss your concerns with your therapist. Your therapist needs honest feedback to be most effective. Or you may contact Mental Health Practice, Minnesota Department of Health, 717 SE Delaware Street, Minneapolis, Minnesota, 55440 or at (612) 282-5621 or 1-800-657-3957.

Case Consultation

Your case may be reviewed during regular meetings of the staff of the clinic and its consultants. The purpose of these meetings is to consult with professional colleagues to make our treatment more effective.

Termination

Either the client or the therapist may terminate therapy. The therapist should offer to refer you to another therapist if you wish to continue treatment. When your case is closed your files are considered inactive but are kept in accordance with state law and professional standards.

The therapeutic process is one of trust and growth, encouraging the individual to examine feelings and thoughts, and to change behaviors. Some of the changes may be uncomfortable for you and those close to you. If this happens during the treatment, or should you have questions about the above information, we encourage you to discuss them with your therapist.

Fee Policy for Therapist Expert Testimony and/or Deposition

First hour away from practice	\$500.00
Each additional hour	\$250.00
Each hour of chart preparation	\$125.00

Deposition Taken in Aria Office

First hour	\$250.00
Each additional hour	\$125.00
Each hour of chart preparation	\$125.00

Charges for courtroom testimony are based on time away from the practice and include travel time. We prefer to do depositions in our office because they are usually scheduled during clinic hours. **The first hour fee and chart preparation fee must be paid to Aria two weeks prior to the testimony.** The balance of charges for more than one hour of testimony must be paid upon receipt of the statement.

Cancellation less than two (2) Aria business days prior to the testimony date will necessitate forfeiture of prepayment. Cancellation less than three (3) days prior to the testimony date will necessitate 50% forfeiture of prepayment. Cancellation prior to three (3) Aria business days will incur no charge and prepayment will be returned.

It is at a therapist's discretion whether they are able to provide court-related services. Please check with your therapist if you anticipate this may be a service you require.

Print Name

Client's Signature

Date

Parent or Guardian Signature

Date