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### **INFORMATION FOR NEW CLIENTS**

Welcome to my practice. This document contains important information about my professional services and business policies. It is important that you know about your rights and responsibilities as a client. Please read it carefully and jot down any questions you might have so that we can discuss them during our meeting. When you sign this document, it will represent an agreement between us.

I have also given you information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payments, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payments, and health care operations. This law requires that I obtain your signature acknowledging that I have provided you with this information.

### **PSYCHOTHERAPY AND PSYCHOLOGICAL ASSESSMENTS**

Most people seek a psychologist when they or their children are concerned about issues such as family conflict, excessive stress or anxiety, depression, behavior problems, or other concerns about their daily functioning. Often parents seek services due to uncertainties about their child's emotional functioning, behavior difficulties with their child at home or at school, concern about their child's learning abilities, or childhood anxiety or depression. I will listen carefully to you and work together with you to define your concerns, develop goals and strategies to help you resolve your concerns. I will often make suggestions about possible courses of action, but only you are responsible for making decisions about whether to follow any suggestions that result from the counseling process.

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Whenever you have

concerns about my procedures, the course of treatment, or doubts about the process of psychotherapy I encourage you to discuss them with me.

In our first session, I will listen to you and attempt to develop an understanding of the difficulties for which you are coming to see me. I will usually take many notes during this session and ask many questions. At the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. This will include how often I believe we should meet, possible psychological testing that may be required, the goals for the psychotherapy sessions, and the type of psychotherapy that I believe will be most effective in helping you resolve your concerns. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

You may be coming to see me only for a psychological evaluation and not psychotherapy. In this situation, after I have completed the assessment and the results of test are scored and a report prepared, my services will be complete.

### **APPOINTMENTS**

Appointments are usually 50 minutes in length, but with younger children this can be 40-45 minutes, and the time is more than made up with collateral contacts by phone with the parents. Appointments are generally scheduled once a week or once every two weeks. If you are unable to keep a scheduled appointment, please call to cancel as soon as possible, not less than 24 hours in advance. Leave a phone message and I will contact you to reschedule. Failure to cancel with a 24-hour notice will result in your being charged one-half of the normal rate for the time that has been reserved for you. This policy also applies when you fail to show up for an appointment. It is important that you know that insurance companies do not pay for services which were not actually provided and that the entire amount will need to be paid by you. Missed appointments or repeated cancellations may result in the discontinuation of my services.

### **PROFESSIONAL FEES**

My fee is \$130 per 50-minute therapy sessions. The first appointment includes a diagnostic assessment and this session is usually billed at a higher rate. In addition to weekly appointments, I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Billing for psychological testing is different. While fees are also based on my time, this includes time spent scoring, interpretation, and write-up of a report. Typically the charges will be between 1½ - 2 times the amount of actual face-to-face contact. The fee for psychological testing is \$130 per hour.

Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that 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 difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.

You are responsible for the full payment of fees for services provided. All deductibles, co-pays, and co-insurance amounts will be billed to you. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan. You will be expected to pay for each session at the time that it is held unless we agree otherwise or unless you have insurance coverage, in which case I will bill your insurance. Please pay your co-pay with cash or check. I do not able to accept credit cards. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information.

### **INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

### **CONTACTING ME**

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, you may leave a message for me and I will make every attempt to respond to your voice message that same day, with the exception of weekends and holidays. If you are in crisis and in need of immediate help, please contact one of the following services:

Crisis Connection Phone Line            612-379-6363

Crisis Intervention Center – Hennepin County Medical Center – Minneapolis  
    Suicide Hotline                        612-873-2222  
    Crisis Referral Hotline                612-873-3161

Regions Hospital Emergency Room – St. Paul            651-254-1000

Ramsey County Crisis Line                651-523-7900

Ramsey County Adult Mental Health Services – St. Paul    651-266-7900

Dakota County Crisis Line                612-891-7171

Washington County Crisis Line         651-777-4455

If you are facing a life threatening emergency, call 911

### **CONFIDENTIALITY**

Knowing that the things you or your child say in therapy, or during a psychological assessment, are kept confidential is one of the cornerstones of psychotherapy and those rights are defined by state law. These laws also define the limits to those rights. Any information you or your child disclose during the counseling process is defined as “private” under Minnesota law. In general, the privacy of all communications between a

patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. Disclosures are also required by health insurers to process insurance claims and obtain insurance coverage of my services.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.

## **CLIENT BILL OF RIGHTS**

Clients that are consumers of psychological services have the following rights:

- To expect that the psychologist has met the minimal qualifications of training and experience required by state law.
- To examine public records maintained by the Board of Psychology which contain the credentials of a psychologist
- To obtain a copy of the rules of conduct from the State Register and Public Documents, Division of the Department of Administration, 117 University Avenue, St. Paul, MN 55114.
- To be informed of the cost of professional services before receiving services
- To report complaints to the Board of Psychology, 2700 University Avenue West, Suite 101, St. Paul, MN 55114. Phone: (612) 617-2230
- To privacy as defined by rule and law
- To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving psychological services
- To have access to their records as provided in this agreement and Minnesota Statutes.
- To be free from the exploitation for the benefit or advantage of the psychologist

You also have the right to understand and be informed about my assessment of your problems, medical diagnosis, treatment plan goals and strategies, alternative treatment possibilities and duration of treatment.

## **CONSENT TO RECEIVE PSYCHOLOGICAL SERVICES**

Before signing below, please read the "Information for New Clients" document carefully. Your signature on this page indicates that you have read this document and agree to the terms described in the document. Your signature also indicates that you have received the HIPAA notice form described in the "Information for New Clients" document. Please feel free to discuss any questions or concerns you may have about my policies or procedures.

As a client, or parent/legal guardian of the client, listed below, I understand that by signing this form I authorize his/her evaluation and treatment. I also understand that I have the right to request information concerning the minor's evaluation and treatment. I have received and reviewed a copy of the "Information for New Clients" document. The information in this document, including client rights and the limitations of confidentiality have been explained to me. I understand the situations in which my psychologist might be required to disclose information about with without my consent.

I understand that I am responsible for my entire bill for services provided, regardless of my insurance coverage.

Client Name (print): \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name (print): \_\_\_\_\_

Psychologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_