



**Tangletown Psychotherapy  
&  
Assessment Center**

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Email:  
psychotherapy@tangletownpac.com

**POLICIES & PROCEDURES**

**Welcome**

It is our goal to provide services that will assist you in addressing personal issues in your life through psychotherapy and psychological assessments. We believe that it is important for you to be actively involved in your care so this document provides information about our services. We ask that you read it carefully so that you can benefit the most from your experience here. If you have any questions, please feel free to ask your therapist.

**Session Timing and Fees**

All clients who wish to pay fee-for-service (not billing insurance) will be expected to make payments in full prior to the start of their session. We require a credit card be kept on file that will automatically be billed for tardiness and missed sessions and can be used to make co-payments and deductibles assigned by insurance companies. Fees are established before services are provided. You are expected to pay the fee agreed upon and responsible for all payments we are unable to bill your insurance.

**Therapy**

Individual, couples and family sessions are typically 45-55 minutes in length. Groups are typically 1½ hours. We expect you will attend scheduled sessions and provide 72 hours' notice if you are unable to keep your appointment. Exceptions for emergency are determined on a case-by-case basis between you and your therapist. If you are unable to provide such notice you will be charged a fee of \$125 for that session. Being punctual for appointments is expected. If using insurance, you will be charged a \$25 late fee for tardiness of 10 minutes or more.

**Assessment**

The fees policies regarding therapy also apply to appointments for assessment, with the following notable exceptions. After the initial interview, if a block of time is scheduled for testing, notice of 1 week is required for cancellation due to the large blocks of time reserved. If the testing session is missed, you will be responsible for a fee of \$100 per hour scheduled. Additionally, LH-PAC reserves the right to hold testing results until payment is made in full.

**The Process of Therapy**

When people begin therapy, they often have questions and anxieties about what the process will be like. Typically, your therapist will begin by asking about the concerns that you would like to address in therapy. Time will be spent getting to know more about you as a person and how the concerns you bring to therapy are related to your life history. If you and your therapist feel that you can establish a good working relationship, you will establish a plan for proceeding that may be verbal or written. It is important to occasionally review how therapy is going and to discuss any necessary changes.

Therapy often ends when you and your therapist decide jointly that the goals have been met. A planned termination is established which allows time to review progress, identify future goals, and say good-bye. It is your right to end therapy at any time; however, we would encourage you to discuss concerns with your therapist if you are not satisfied with the care you are receiving. Your therapist has an ethical responsibility to end treatment if they believe you are not benefiting from the process. If this is the case, every effort will be made to ensure you receive appropriate care, which may include a referral to another therapist or program.

It is important to know that psychotherapy has both potential risks and benefits. Therapy involves talking about problematic areas of your life and you may experience uncomfortable feelings such as sadness, anger, guilt, etc. Therapy has been shown to have benefits such as finding solutions to specific problems, identifying patterns that lead to unhappiness, improving relationship satisfaction and reducing symptoms of depression and anxiety. However, there are no guarantees about what you might experience. Because of these risks and benefits, it is important to have an open dialogue with your therapist about how both of you feel the therapy is proceeding.

**Minors**

If you are under the age of 18, Minnesota law requires written parental permission to be a client at receiving mental health services (therapy and assessments). The law also allows your parent the right to review your records. Your parent(s) will be given this information and asked to allow a level of confidentiality between you and your therapist.

**Emergency and After Hours Resources**

Your therapist is not available for after hours or emergency drop-in services. If a crisis situation should arise, please contact one of the resources below, go to an emergency room, or call 911.

Acute Psychiatric services (Available 24/7)	(612) 873-3161
Walk-In Counseling Center	(612) 870-0565
Crisis Connection	(612) 379-6363

## HEALTH INFORMATION PRIVACY & ACCOUNTABILITY ACT (HIPAA)

Tangletown Psychotherapy & Assessment Center is committed to treating you and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective October, 1<sup>st</sup>, 2014 and applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Record/Information**

Each time you visit Tangletown Psychotherapy & Assessment Center a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the services rendered and the outcomes achieved.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of Tangletown Psychotherapy & Assessment Center, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon formal, written request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Responsibilities of Our Practice**

Tangletown Psychotherapy & Assessment Center is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to my legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will give you in person, or mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **For More Information or to Report a Problem**

If you have questions, would like additional information, or believe your privacy rights have been violated, you can contact the Office for Civil Rights. There will be no retaliation for filing a complaint. The address for the OCR is listed below:

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## MINNESOTA NOTICE FORM

### Psychologist's Policies and Practices to Protect the Privacy of Your Patient's Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### **I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

“*PHI*” refers to information in your health record that could identify you.

“*Treatment, Payment, and Health Care Operations*”

– *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.

- *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

- *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.

“*Use*” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

#### **II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

#### **III. Uses and Disclosures with Neither Consent nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:** If I know or have reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, I must immediately report the information to the local welfare agency, police or sheriff's department.

**Adult and Domestic Abuse:** If I have reason to believe that a vulnerable adult is being or has been maltreated, or if I have knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, I must immediately report the information to the appropriate agency in this county. I may also report the information to a law enforcement agency.

“*Vulnerable adult*” means a person who, regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction: that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.

**Health Oversight Activities:** The Minnesota Board of Psychology may subpoena records from me if they are relevant to an investigation it is conducting.

**Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is

privileged under state law and I must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.

**Serious Threat to Health or Safety:** If you communicate a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim, I must make reasonable efforts to communicate this threat to the potential victim or to a law enforcement agency. I must also do so if a member of your family or someone who knows you well has reason to believe you are capable of and will carry out the threat. I also may disclose information about you necessary to protect you from a threat to commit suicide.

**Worker's Compensation:** If you file a worker's compensation claim, a release of information from me to your employer, insurer, the Department of Labor and Industry or you will not need your prior approval.

#### **IV. Patient's Rights and Psychologist's Duties**

##### **Patient's Rights:**

*Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.

*Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)

*Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI (and psychotherapy notes) in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

*Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

*Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

*Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

##### **Psychologist's Duties:**

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a written revised notice.

#### **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, please feel free to discuss your concerns with me at any time. If you believe that your privacy rights have been violated and wish to file a complaint with me, please file it in writing. When filing a complaint, include your name, address and telephone number, and I will respond. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

#### **VI. Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on April 14, 2003. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a written notice of any revision that I make.

## CLIENT BILL OF RIGHTS

Consumers of services offered by those licensed by the State of Minnesota have the right:

1. To expect that the practitioner has met the minimal qualifications of training and experience required by state law.
2. To examine the public records maintained by the Board of the practitioner.
3. To obtain a copy of the rules of conduct from the appropriate Board
4. To report complaints to the practitioner, and if not satisfactorily resolved, to file a complaint with the appropriate Minnesota Board.
5. To be informed of the cost of professional services before receiving the services.
6. To privacy as defined by rule and law. This means that no information will be released from the facility in which the practitioner works without the client's informed, written consent, except for the following:
  - a. The practitioner is required by law to report abuse or neglect of a child or a vulnerable adult.
  - b. The practitioner is required by law and professional codes of ethics to notify persons and/or authorities if the practitioner believes there is danger to a client or another identified person.
  - c. The practitioner is required to report admitted prenatal exposure to harmful controlled substances.
  - d. In the event of a client's death, the spouse or parents of the deceased have a right to access the client's records.
  - e. The practitioner must produce records or testimony in response to a Court Order and potentially to a subpoena.
  - f. Parents or legal guardians of a non-emancipated minor client have the right to access their child's records.
  - g. Case discussions with other staff through case management, consultation, testing, and treatment are confidential and are to be conducted as such by all staff.
7. To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving psychological services.
8. To terminate services at any time, except as otherwise provided by law or court order;
9. To know the intended recipients of psychological assessment results;
10. To withdraw consent to release assessment results, unless that right is prohibited by law or court order or is waived by prior written agreement;
11. To a nontechnical description of assessment procedures; and
12. To a nontechnical explanation and interpretation of assessment results, unless that right is prohibited by law or court order or is waived by prior written agreement.

### **The Board of Psychology's Contact:**

2829 University Ave SE Suite 320 Minneapolis, MN 55414  
Phone: (612) 617-2230  
Fax: (612) 617-2240  
Hearing/Speech Relay: (800) 627-3529  
Email: [psychology.board@state.mn.us](mailto:psychology.board@state.mn.us)  
Web: <http://www.psychologyboard.state.mn.us/>

### **The Board of Social Work Contact:**

2829 University Ave SE, Suite 340  
Minneapolis, MN 55414-3239  
(612) 617-2100; (888) 234-1320; FAX (612) 617-2103  
Hearing/Speech Relay: (800) 627-3529  
Email: [social.work@state.mn.us](mailto:social.work@state.mn.us)  
Web: <http://www.mn.gov/health-licensing-boards/social-work/>

## FIRE ESCAPE POLICY

In case of an emergency, such as a fire, exits are located at the main entrance of the building (nearest the Diamond Lake Road sidewalk); fire exits are marked with black exit signs. Should a fire alarm sound, clients and staff are advised to make their way to the nearest point of exit.