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PLEASE SIGN AND RETURN THIS COPY

IMPORTANT INFORMATION FOR CLIENTS

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This brochure answers questions that clients often ask about therapy. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This brochure talks about the following:

- What the risks and benefits of therapy are.
- What the goals of therapy are and what my methods of treatment are like.
- How long therapy might take.
- How much my services cost, and how I handle money matters.
- Your confidentiality in this process.

After you read this brochure, we can talk in person about how these issues apply to you.

This brochure is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understand this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

ABOUT PSYCHOTHERAPY

Briefly, I would like to outline some of the ideas that inform my work as a psychologist. In my experience, most people seek psychotherapy due to experiencing some painful symptoms such as depression, anxiety, feelings of unworthiness, or difficulties with sleep, concentration, and motivation. It is my belief that the goals of psychotherapy are to not only alleviate these symptoms and facilitate desired emotional and behavior changes, but to also foster the positive presence of inner capacities and resources. In order to facilitate this, my goal is to create a safe, trusting, respectful, and nonjudgmental environment in which we can engage in a process of collaborative reflection aimed at helping you become more connected and integrated with all parts of your self. It is my belief that with deeper understanding of one's internal world, an enhanced ability and willingness to experience and manage one's emotions, and an enhanced willingness to trust one's internal compass, people can become more comfortable and confident in their own skin and more free and equipped to live their life in an

authentic manner. Thus, the goal is not only to relieve a person's symptoms, but to help him or her as necessary make more self-congruent decisions and make more effective use of his or her abilities, have more fulfilling relationships, and face life's challenges with more flexibility and resiliency. This is all done in the interest of helping a person live a more satisfying life.

In the first session, I will explain in more detail how the therapy process works so that you are clear about it, feel comfortable with it, and, as a result, are able to actively participate in the therapy. If, at any time, you have questions about the process, your goals, or the changes taking place, please don't hesitate to bring them up in our discussions.

The initial assessment that I provide my clients often includes a developmental history gathering, which can take up to a couple of sessions. This leads to me offering explicit feedback about how I understand the client and how I think therapy can be helpful for the client. In most cases, this sets the stage for a collaborative establishment of therapeutic goals and a mutually understood framework for the therapy. I view therapy as a partnership between us that requires your very active involvement. We will plan our work together. In our treatment plan, we will list the problem areas to work on, our goals, the methods we will use, and, if possible, how long the therapy might take. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

An important part of your therapy will likely be coming to new awarenesses about yourself and practicing new skills. Most often, these awarenesses and skills are relationship oriented and can help you facilitate more satisfying and productive relationships. Most often, clients experience the best results from therapy when they are open to talking about and using these skills and awarenesses both inside and outside the therapy sessions. Change will sometimes be easy and quick, but it can also be slow and frustrating. When that happens, please ask me for help and support so that you can keep trying. Unfortunately, there are no instant, painless cures. However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

THE BENEFITS AND RISKS OF THERAPY

As with any powerful treatment, there are some risks as well as many benefits with therapy. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients sometimes recall unpleasant memories and feelings. These feelings or memories may bother a client at work, in school, or in important relationships. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you. In couples therapy, this could mean one or both partners deciding to end the relationship.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel unmanageably afraid, angry, guilty, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or consultation with a psychiatrist. If I do this, I will fully discuss my reasons with you so that you can decide what is best.

ABOUT CONFIDENTIALITY

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you are kept private. That is why I ask you to sign a "release-of-information" form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that

other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.

2. If I believe a child or vulnerable adult has been (within the last 3 years) or will be abused or neglected, I am legally required to report this to the authorities.
3. If you are involved in any court proceedings, I may be ordered to show the court my records.
4. If you report information regarding sexual misconduct of a previous therapist, I am required to report such information.
5. If you report prenatal exposure to controlled substances (i.e. a pregnant woman using cocaine, heroin, amphetamines, methamphetamines, or PCP), I am required to report this.
6. Finally, I sometimes consult with other mental health clinicians about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them and they will only be told as much as they need to know to understand your situation.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, I will ask you to sign an authorization form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If we do couple or family therapy and you want to have my records of this therapy sent to anyone, I will need written permission from all of the adults present. If you have questions, please ask me.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

Another important aspect of confidentiality is governed by the Health Insurance Portability and Accountability Act (HIPAA). This law governs how your protected health information is to be handled. A summary of your rights under HIPAA is attached as an addendum to this document.

ABOUT OUR APPOINTMENTS

The very first time I meet with you, we will need to give each other much basic information. For this reason, it may take us one to two appointments to gather this information. Following this, we will usually meet for a 50-minute session once a week. We can schedule meetings for both your and my convenience.

An appointment is a commitment to our work. I will consider our meetings very important. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least 48 hours notice. You will be charged \$75 for sessions cancelled with less than 48 hours' notice. Insurance companies will not cover this fee since no service is given.

FEES, PAYMENTS, AND BILLING

Payment for services is an important part of any professional relationship. Payment for my services is due at the time of the session including any deductibles, co-pays, etc.

My current regular fees are as follows. You will be given advance notice if my fees should change.

- Initial intake session: \$200. Intake fees include time spent with you, the time needed to establish a diagnosis and treatment plan, and the time needed to gather any additional records.
- Regular therapy services: \$150 for a session of 50 minutes.

At the end of each month, I (or my billing service) will send you a statement if you request this. If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention so we can arrive at a solution. I will do the same with you. Such problems can interfere greatly with our work and so merit our discussion openly and quickly.

HEALTH INSURANCE COVERAGE

Because I am a licensed psychologist, many health insurance plans will help you pay for therapy and other services I offer. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy." Or call your employer's benefits office to find out what you need to know. I am an in-network provider for some insurances, and also accept out-of-network benefits.

If your health insurance will pay part of my fee, I (or my billing service) will submit your insurance claim forms for payment. I ask that you: 1) be responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth, and 2) pay any charges not reimbursed by the insurance company and that you settle, with your insurance

company, any disputes about their payment of services. Each insurance plan has rules, limits, and procedures which I ask you to be informed about as we go forward.

IF YOU NEED TO CONTACT ME

I check my voice mail messages the weekdays I am in the office (Monday-Thursday). You can always leave a message on my voice mail, and I will return your call as soon as I can. Generally, I will return messages on the same day if I am in the office. I do not retrieve messages in the evenings or on weekends. Please see next page regarding the use of email.

If you have an emergency or crisis and cannot reach me or wait for a return call during normal business hours, you or a family member should call CRISIS (274747) from a cell phone, use MN's statewide crisis text line (text MN to 741741), call the National Suicide Prevention Lifeline at 800-273-8255, call 911, or go to your nearest hospital emergency room.

If there is an emergency during our work together, or I become concerned about your personal safety, and we are not able to resolve it together, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. I will contact the emergency contact person you give me on the Client Information Questionnaire.

OUR AGREEMENT

I, the client, understand I have the right not to sign this form. My signature below indicates that I have read this agreement, have discussed those points I did not understand, and have had my questions, if any, fully answered. I understand that any of the points mentioned above can be discussed and may be open to change. Further, I have read the attached Notice of Privacy Practices (HIPAA). If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I understand that I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by Mark Halley, Psy.D., LP about the results of treatment, the effectiveness of the procedures used by you, or the number of sessions necessary for therapy to be effective.

I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with Mark Halley, Psy.D., LP, as shown by my signature below.

CLIENT BILL OF RIGHTS

As a consumer of psychological services offered in Minnesota, **you have the following rights:**

1. to expect that a psychologist has met the minimal qualifications of training and experience required by state law (My practicing degree is a Psy.D. in Counseling Psychology from the University of St. Thomas, Minneapolis, MN; My practicing license is issued by the State of Minnesota Board of Psychology, LP5078)
2. to examine public records maintained by the board of psychology which contain the psychologist's credentials
3. to obtain a copy of the Rules of Conduct from the State Register and Public Documents Division, Department of Administration, 117 University Ave., St. Paul, MN 55155
4. to report complaints to the Board of Psychology, 2829 University Avenue SE, Suite #320, Minneapolis, MN 55114*
5. to be informed of the cost of professional services before receiving the services
6. to privacy as defined by the rule and law
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 have access to your records by Minnesota law
9. to be free from exploitation for the benefit or advantage of the psychologist

*Complaints: If you are unhappy with what's happening in therapy, I hope you will talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can issue a complaint about my behavior at the above address.

COMMUNICATION BY EMAIL

It may become useful during the course of treatment to communicate by email. Be informed that this method, in its typical form, is not a confidential means of communication. If you use email to communicate with Mark Halley, Psy.D., LP (therapy@markhalley.com), there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with Mark Halley, Psy.D., LP
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

If there are people in your life that you don't want accessing these communications, please talk with Mark Halley, Psy.D., LP about ways to keep your communications safe and confidential.

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS: I consent to allow Mark Halley, Psy.D., LP to use unsecured email to transmit to me the following protected health information:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time. **Please sign here if you wish to consent to communication via email:**

_____ Date: _____

_____ Signature of client	_____ Date
_____ Printed name	
I agree to abide by all the points described in this brochure and enter into therapy with the client, as shown by my signature here.	
_____ Mark Halley, Psy.D., LP	
_____ Date	
I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you.	