



Amazing You Therapy, LLC
421 1st Ave SW, Suite 300W
Rochester, MN 55902
507-722-1139 / Fax: 1-888-682-9905
casey@amazingyouththerapy.com
www.amazingyouththerapy.com

PRACTICE POLICIES

CLIENTS BILL OF RIGHTS

1. The right to be informed of Clients Bill of Rights.
2. The right to confidentiality of conversations and medical records.
3. The right to prompt and adequate treatment.
4. The right to participate in the development of your own treatment plans.
5. The right upon request or receive information from your clinician regarding alternative programs/programs and/or methods of treatment.
6. The right to refuse treatment.
7. The right to terminate services at any time.
8. The right to be informed of cost of treatment.

APPOINTMENTS AND CANCELLATIONS

1. Please remember to cancel or reschedule appointments 24 hours in advance.
2. If you “no show” three or more appointments within 6 months, you will be changed to “same day only” status. You will only be eligible to phone therapist and schedule appointments for the same day you request an appointment.
3. The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

FINANCIAL POLICY

1. Monthly statements will be provided. Outstanding balances are due within 30 days of statement date, unless other arrangements are made with therapist. Amazing You Therapy, LLC primarily accepts debit and credit card payments. Please speak to therapist if alternate arrangements are needed.
2. For clients with medical insurance, insurance cards of responsible party must be made available and client is responsible for informing Amazing You Therapy, LLC of any changes in insurance. By providing insurance information as way of payment of services, you are agreeing Amazing You Therapy, LLC can have contact with your insurance carrier and provide any medical information deemed necessary to secure insurance payment. Amazing You Therapy, LLC will file any supplemental insurance when appropriate. Copays required by your insurance must be paid in full at the time of service.



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3. If you do not have insurance or are electing to pay out-of-pocket for services, total payment is due at the time of service unless an alternate arrangement has been made in advance.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within two business days. Please note that face- to-face sessions or telehealth sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.



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(4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a



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list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

GRIEVANCES

If you have any questions or complaints concerning any aspect of treatment, please reach out to Amazing You Therapy, LLC. Your therapeutic experiences is important and efforts will be made to help resolve any issues that arise. In the event that you would like to pursue an alternate mental health provider, Amazing You Therapy, LLC will assist with providing information for other local therapists and assist with any referral(s) you would like.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature: _____

Today's Date (mm/dd/yyyy): ____ / ____ / ____