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PSYCHOLOGICAL SERVICES INFORMED CONSENT

This document contains important information about my professional services and business policies. I am very aware that this document is 4 pages long – much of it is required by state and federal laws and guidelines, which is why it is so thorough. Please read it carefully and feel free to discuss any questions or concerns that you might have. *Signing this document (which you may do in the first appointment) indicates that you understand the information provided.*

PSYCHOLOGICAL SERVICES - OVERVIEW

Participating in psychological services may have both benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, your relationships, your past and so on, you may experience uncomfortable feelings during your appointments. On the other hand, therapy often leads to better relationships, improved coping, increasing comfort, and many other benefits. *If you have concerns about discomfort at any time as a result of appointments with me, please let me know. I may be able to adjust what I am doing or otherwise help with this.*

I initially must ask broad questions to help me understand our concerns, and to help me plan for how to best help you. The first appointment focuses on this, and often it is necessary to follow up in the second appointment. *My goal is to move from “getting acquainted” to “change” as quickly as possible. If you have questions about my treatment plan, please let me know.*

If you have concerns about whether I am the right psychologist for you, please let me know. If it would be better for you to be referred to another psychologist, I will help with this, if you would like this assistance.

APPOINTMENTS

It usually helps get things off to a good start to have the second appointment in about one week or so. After that, I usually prefer to let you decide how often it would be helpful to meet with me. I am glad to discuss scheduling options.

If you want to cancel an appointment, please give me at least 24 hours notice. Without this notice, I have the option of charging a late cancellation fee of \$50. I do not, however, charge this fee if you need to cancel due to illness (please do cancel if you are contagious), a family emergency, a work crisis, a transportation problem that prevents you from getting to the office, and other unforeseeable events. If you have an unusual number of late cancellations, we will need to discuss this, and I may offer to refer to a psychologist who is more geographically convenient, has evening or weekend hours, and other options.

PROFESSIONAL FEES

My fee for the standard therapy appointment, which is 45 to 50 minutes, is \$140. There are other fees for briefer and longer appointments, and we can discuss this if needed. If you need other services from me, such as writing a report, we will discuss this. I do not charge for phone discussions that are 10 minutes or less. If you consistently need phone support for more than 10 minutes at a time between appointments, we will also discuss how to manage this.

BILLING AND PAYMENTS

Most people use medical insurance to help pay for psychological services. After each appointment I notify my billing staff of the charge for the service, she submits document to your insurance company, called a “claim,” the company processes the claim and determines what they owe me, and finally they notify my billing staff of what your share of the charge, if any, is. It is very challenging to sort all of this out these days. It is common for people to have annual deductibles, and they have seen medical professionals in addition to their psychologist we often do not know when they have satisfied their deductible until we submit a claim. *You will usually receive a bill for your portion of my fee once per month, unless we work out another plan.*

All insurance companies require that you assume responsibility for understanding your “benefits” (what services they pay for) and your portion of the bill. This is easy for them to expect, but may be challenging for you to actually do. If you have any questions, please feel free to ask me – I used to be a consultant for an insurance company and have a pretty good understanding of how the system works.

You should also be aware all insurance companies require that I provide them with your diagnosis, which technically is a psychiatric diagnosis. All Minnesota insurance companies work hard to keep such information confidential. As you may know for the national news, there are cases in which the company gets hacked or otherwise does not maintain control of their patient records. *Once again, if you have any concerns about working with insurance, please discuss them with me so that I can try to help with them.*

CONFIDENTIALITY

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 legal proceedings, a judge may order me to provide my treatment records, possibly to testify, and I must comply. .
- 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 or has

been abused, I am required by Minnesota law to make a report to the appropriate state agency.

- If I believe that a patient is threatening serious bodily harm to another, I am required by Minnesota law to take protective action. This may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If you were to threaten to harm yourself, I may be obligated take actions, such as contacting family members or others who can help, arranging hospitalization, or calling for a “welfare check” by your local police department. There are very rare actions. If I become concerned about your safety, I will attempt to fully discuss it with you before taking any action.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have promptly, preferably in person. The laws governing confidentiality are quite complex, and at times psychologists need to consult an attorney for guidance.

CONTACTING ME

I have a small office practice and also provide consultations at a hospital. I am usually with patients during normal business hours and may not be able to immediately respond to a phone message. *I do monitor my phone messages frequently during the day and do my best to return calls promptly.* If you are difficult to reach, please leave times when you will be available.

I also monitor my phone messages during evenings and weekends, but usually return calls on the next business day unless you have an urgent need to talk to me. It is important to keep in mind that I may not have my phone on me and there may be delays in my response at those times.

If you are unable to reach me and feel that you cannot wait for me to return your call, you may contact your family physician, your county mental health crisis team, or go to the nearest hospital emergency department. If your situation is life threatening, please do not hesitate to call 911.

I take a few planned vacations every year. I will discuss this in advance so that you are clear about whether I am available by phone, or not. If I am not available by phone during vacation, I will have arranged for another psychologist to cover for me and I will provide contact information for you.

Email and Texting

Many people like the convenience of email and texting. I make every effort to control my devices, but It is important to keep in mind that others may find ways to read your messages, either at your end or, less likely, at my end. Also, these communications are notorious for having some risk of misunderstandings. If you want to send me email or text messages, I reserve the right to respond in writing, or to discuss the message by phone. *I highly recommend that you limit texting to messages about scheduling, confirming appointments and other non-personal and non-clinical information. There are secure, encrypted email and text services that greatly reduce the risk that*

Page 4

you message to me would be read by others. If you are interested in using one of these services, please let me know.

Social Media

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant confidentiality risks for you.

I participate on several social networks, both socially and in my professional capacity. If you have an online presence, there is a possibility that you may encounter my social networking activity. If that occurs, please discuss any concerns with me.

Website

I have a website, www.mhconcierge.com, that you are welcome to access. I use it to provide information about me and my psychological services, and also to provide resources that may be helpful.

Web Searches

While it is common to do online searches to find information about people. I do not do searches about patients. I understand that you might choose to search for information about me. As you probably know, this information may or may not be current and accurate. Patients may be able to do online reviews of their various health care professionals. Due to ethical and confidentiality concerns, professionals cannot respond to such comments.

If you learn anything about me on the Internet that concerns you, please let me know so we can discuss it.

Your signature below indicates that you have read the information in this document, have discussed any concerns with me, and agree to abide by its terms during our professional relationship.

PATIENT SIGNATURE _____ DATE _____