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Informed Consent

Fees and Payment: The fee for a 55-minute session is \$175. If this fee is a barrier to your receiving mental health services, a reduced fee may be negotiated at the time of the first treatment session. You are responsible for paying your full fee at each session, and responsible for payment for sessions cancelled with less than 24 hours notice. Payment is due at the end of each session.

Confidentiality: Most of the provisions explaining when the law requires disclosure are described to you in The Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules that you received with this form (**please initial here to indicate that you were offered this form _____**). In general, the privacy of all communications between a patient and a psychotherapist is protected by law. I can only release information about our work to others with your written permission. (Should this be necessary or desired, I will have you sign a separate authorization form). But there are a few exceptions:

- Some situations legally require that I take action to protect others from harm, even if I have to reveal information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must 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 emergency care (such as medical) for the patient.
- If a patient threatens to harm himself/herself, I may be obligated to seek emergency care (such as hospitalization) for him/her or to contact others who can help provide protection.
- I regularly consult or seek supervision with other professionals about a patient, at which time I make every effort to avoid revealing the patient's identity. I participate in supervision and consultation in an effort to provide high quality services. 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.

Insurance Reimbursement: I am not an in-network provider for any insurance companies. If you have a Health Savings Account, you are free to use it to pay for therapy. If you have out-of-network benefits, you may submit a claim for coverage to your insurance company to see whether they will reimburse you for some of your costs. However, you are responsible for the payment of your full, agreed-upon fee each session. Should you choose to use insurance that I am able to accept, I am required to provide relevant information about your treatment in order for your insurance company to determine whether services will be consistently covered. This includes a clinical diagnosis and at times information about treatment planning or summaries of treatment.

If you are experiencing a Crisis: My email and voicemail should not be relied upon if you are experiencing a crisis. If you are experiencing a crisis, you can call Hennepin County Crisis Connection at 612-379-6363, 911 or proceed to your nearest hospital's emergency room.

Email and Voicemail: I make an effort to respond to client phone calls and emails in a timely manner--usually within 24 hours. I generally respond during normal business hours, Monday through Friday, between 9:00am and 6:00pm. To protect your confidentiality, email is used solely to communicate about basic information, such as appointment times. I am not able to respond to requests for any therapeutic guidance via email, but will instead respond over the phone or in session.

Termination of Treatment: If you or I assess that this psychotherapy arrangement is not effective in helping you reach your therapeutic goals, this will be discussed and, if appropriate, treatment will be terminated. You have the right to terminate therapy at any time. I will provide you with referrals as needed.

Risks and Benefits of Psychotherapy: As with any psychotherapy, there are risks and benefits of the psychotherapy that you are deciding whether or not to begin with me. Risks include patients experiencing uncomfortable amounts of sadness, guilt, anxiety or other negative emotions. These emotions (or recollections of past events) can cause interruptions in how patients function at work, home or in relationships. These risks are to be expected given the intensity of issues discussed during psychotherapy. Finally, despite your therapist's best efforts, there is a risk that psychotherapy may not work well for you. In considering the risks of psychotherapy, it is also important to consider that the benefits of psychotherapy have been researched by scientists in hundreds of well-designed research studies. Patients can find negative emotion begin to lift, including depression or anxiety. Patients may also cultivate new coping strategies that help with relationships and work. You have the right to ask about any other treatments, their risks and their benefits.

Concerns: I encourage you to speak openly with me about any concerns you may have about therapy. I have found that this is a valuable part of therapy and can often enrich the therapeutic experience. If we are unable to resolve your concerns, or you chose to pursue therapy with another practitioner, I will gladly offer referrals. If we are unable to resolve your concerns, you may contact the Board of Social Work at 612.617.2100, 888.234.1320 (toll-free), or (800) 627-1359 (TTY).

Patient Agreement: I hereby consent to psychotherapy and certify that I understand the nature of this treatment, including possible risks and the choices I may have about other approaches, and I assume those risks about which I have been informed. I have been adequately informed, and questions I have asked have been satisfactorily answered. I represent that I am seeking treatment in order to further my own mental health and for no other reason and do not represent a third party. I am aware that I may withdraw this consent and stop treatment at any time.

Patient's Printed Name

Patient's Signature

Date

Psychotherapist's Signature

Date