

# **Aurora Psychological Services**

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## **INFORMATION FOR NEW CLIENTS**

Welcome to our clinic. This document contains important information about our professional services and business policies. It is important that you know about your rights and responsibilities as a client. Please read it carefully and jot down any questions you might have so that we can discuss them during our first appointment. When you sign this document, it will represent an agreement between us.

We will also give you information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payments, and health care operations. HIPAA requires that we provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payments, and health care operations. This law requires that we obtain your signature acknowledging that we have provided you with this information.

### **PSYCHOTHERAPY AND PSYCHOLOGICAL ASSESSMENTS**

Most people seek a psychologist when they or their children are concerned about issues such as family conflict, excessive stress or anxiety, depression, behavior problems, or other concerns about their daily functioning. Often parents seek services due to uncertainties about their child's emotional functioning, behavior difficulties with their child at home or at school, concern about their child's learning abilities, or childhood anxiety or depression. We will listen carefully to you and work together with you to define your concerns, develop goals and strategies to help you resolve your concerns. We may often make suggestions about possible courses of action, but only you are responsible for making decisions about whether to follow any suggestions that result from the counseling process.

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

In our first session, we will listen to you and attempt to develop an understanding of the difficulties for which you are coming to see us. We will usually take many notes during this session and ask many questions. At the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. This will include how often we believe we should meet, possible psychological testing that may be required, the goals for the psychotherapy

sessions, and the type of psychotherapy that we believe will be most effective in helping you resolve your concerns. You should evaluate this information along with your own opinions of whether you feel comfortable working with us. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

You may be coming to see us only for a psychological evaluation and not psychotherapy. In this situation, after we have completed the assessment and the results of test are scored and a report prepared, our services will be complete.

### **PSYCHOTHERAPY RISKS AND BENEFITS**

While it would be ideal that every client experience beneficial change, in reality some people do not obtain the desired results from therapy in the time period expected. Sometimes people may experience no improvement in their situations, which can sometimes result in frustration and dissatisfaction. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who pursue it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Whenever you have concerns about our procedures, the course of treatment, or doubts about the process of psychotherapy we encourage you to discuss them with us.

### **CONTACTING US**

Due to our work schedules, we are often not immediately available by telephone. When we are unavailable, you may leave a message we will make every attempt to respond to your voice message that same day, with the exception of weekends, vacations, and holidays. If you are in crisis and in need of immediate help, please contact one of the following services:

National Suicide Prevention Phone Line	1-800-273-8255
Crisis Text Line, <i>text</i> MN to 741741.	
Crisis Intervention Center – Hennepin County Medical Center – Minneapolis	
Suicide Hotline	612-873-2222
Crisis Referral Hotline	612-873-3161
Fairview Riverside – Behavioral Health	612-672-6600
Regions Hospital Emergency Room – St. Paul	651-254-1000
Ramsey County Crisis Line	651-523-7900
Ramsey County Adult Mental Health Services – St. Paul	651-266-7900
Dakota County Crisis Line	612-891-7171

If you are facing a life threatening emergency, call 911

## **EMAILS, CELL PHONES, COMPUTERS, AND FAXES**

It is very important to be aware that computers and e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. You are also advised that any email sent to me via computer in a work-place environment is legally accessible by an employer. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. Additionally, emails and data on our computers are not encrypted. It is always a possibility that faxes can be sent erroneously to the wrong address and computers, including laptops, may be stolen.

Our computers are equipped with a firewall, virus protection and passwords, and we also back up confidential information from our computers. Please notify us if you decide to avoid or limit, in any way, the use of e-mails, cell phones or faxes, or storage of confidential information on computers. If you communicate confidential or private information via e-mail, we will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters via e-mail. Please do not use e-mail or faxes for emergencies. Due to computer or network problems, e-mails may not be deliverable, and we may not check our e-mail or fax daily.

## **SOCIAL MEDIA POLICY**

While our present or potential clients might conduct online searches about our practice and clinicians, we do not search our clients with Google, Facebook, or other search engines unless there is a clinical need to do so, as in the case of a crisis or to assure your physical wellbeing. We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). We 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 with your clinician.

## **CONFIDENTIALITY**

Knowing that the things you or your child say in therapy, or during a psychological assessment, are kept confidential is one of the cornerstones of psychotherapy and those rights are defined by state law. These laws also define the limits to those rights. Any information you or your child disclose during the counseling process is defined as “private” under Minnesota law. In general, the privacy of all communications between a patient and a therapist or psychologist is protected by law, and we 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 us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person, or disabled person is being neglected or abused, we may be required to file a report with the appropriate state agency. We do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate.

If we believe that a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have during our appointments. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys.

### **Confidentiality: Supervision and Consultation**

In order to give the best service, it is sometimes necessary to discuss your case with other licensed therapists to gain new perspectives and to help us provide more insight on how to help you set and meet your goals. To that end, we obtain on-going consultation with other licensed therapists as well as supervision to ensure our on-going competency. During consultation or supervision, we limit out disclosure of your personal information to the minimal amount necessary. We make every attempt to safeguard your right to privacy and confidentiality by refraining from disclosing information that may identify you. If you don't object, we will not tell you about these consultations unless we feel that it is important to our work together.

In our practice we often have graduate students or post-doctoral clinicians working with us. All students or post-doctoral clinicians are held to the same level of confidentiality as our licensed clinicians. In addition, all students and post-doctoral clinicians are supervised by licensed clinicians in our practice. If you would prefer not to have students or post-doctoral clinicians involved in you or your family's care please let us know and alternative accommodations can be arranged.

### **Confidentiality: Couples**

Due to the nature of couples therapy, we maintain a "no secrets" policy. A "no secrets" policy means that information obtained by the therapist in any manner is to be used in a fashion that fosters the therapeutic process. In general, we don't believe that secrets in couples therapy are helpful. The decision to share information will rest with your therapist and not the individual members of the couple.

If you disclose something your spouse or partner does not know, and not knowing this could harm him or her, your therapist reserves the right to break confidentiality in such circumstances. We will work with you to decide on the best long-term way to handle

situations like this.

If you and your spouse have a custody dispute, your therapist will need to know about it. Marriage and family therapy ethics prevent our therapists from doing both therapy and custody evaluations.

If you are seeking marriage counseling, you must agree at the start of treatment that if you eventually decide to divorce, you will not request testimony from your therapist for either side. The court, however, may order us to testify.

### **Confidentiality: Children and Families**

When children are treated, information must be disclosed to the child(s) parents upon request. As children grow more able to understand and choose, they assume legal rights. For those between the ages of 12 and 18, we treat most content as confidential. It is our policy to request from parents that they agree to honor the need of their adolescent for confidentiality in therapy. However, we will provide parents with general information about our work together. Parents or guardians do have the right to treatment information, including how therapy is going. They need to be able to make well-informed decisions about therapy. Your therapist may also have to tell parents or guardians some information about other family members that is discussed in session, especially if these others' actions put them or others in any danger.

### **Confidentiality: Group Therapy**

In group therapy, the other members of the group are not therapists. They do not have the same ethics and laws that therapists work under. Confidentiality is always requested as a rule, but you cannot be certain that what you say in the group will be confidential.

### **Confidentiality: Authorization to Release Information**

If you want your therapist to send information about your therapy to someone else, you must sign an "Authorization to Release" form.

### **DELIVERY OF SERVICES BY UNLICENSED STUDENTS AND CLINICIANS**

Aurora serves as a training site for pre-doctoral students enrolled in doctoral clinical psychology programs and for doctoral-level clinicians completing post-doctoral requirements for licensure. Additionally, we contract with psychometrists, who are typically unlicensed students still enrolled in doctoral graduate programs, but who have completed at least 1-2 years of practicum training through their graduate programs. While pre-doctoral students and psychometrists are strictly involved in assessment services (including clinical interviewing, test administration and interpretation, feedback sessions), post-doctoral clinicians may provide a combination of assessment and therapy services.

Unlicensed students and clinicians are supervised by licensed mental health professionals at Aurora Psychological services. Supervision entails weekly supervision sessions, guidance regarding selection and interpretation of assessment measures, and guidance on therapeutic interventions. Additionally, supervisors may occasionally be present in

assessment or therapy sessions, whether providing services directly for the student/clinician to observe or observing the student/clinician administer assessment measures or interventions.

Aurora takes great consideration and care in hiring students and post-doctoral clinicians, as well as providing ongoing training and supervision to aid our students and clinicians in their professional development. For this reason, we are confident in our student's and unlicensed clinician's abilities and competencies. Furthermore, we find that we are generally able to accommodate client needs and appointment requests in a more timely manner with the support of our students and psychometrists. However, if you are not comfortable working with a student, psychometrist, or unlicensed doctoral clinician, we can make arrangements for you to work only with a licensed professional.

### **PROFESSIONAL RECORDS**

The laws and standards of our professions require that we keep treatment records. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally damaging, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend that you review them in our presence so that we can discuss the contents. Patients will be charged an appropriate fee for any time spent in preparing information requests.

An important therapeutic goal with children in psychotherapy is to have a place that they deem safe to be able to speak to a mental health provider about any apprehensions, concerns, and issues without fear that what they say will be used to interfere with, or create problems in their relationship with either parent. This is especially important in situations where divorce may be a possibility. In order to effectuate the stated goal, we ask parents to acknowledge the importance of the therapist's office being a safe harbor—a place where the children can be truthfully assured that what they say will not be disclosed to third parties without their consent. We ask parents to create the safe harbor for their child, and agree that 1) neither parent shall, nor will either parent permit his or her attorney to, subpoena the therapist or her notes to a trial, hearing, deposition, or arbitration 2) that neither parent shall, nor will either parent permit his or her attorney to, demand answers from either the therapist or the children to questions about the content of the therapy, 3) that the therapist agrees that they shall not divulge to either parent, to either attorney, to a Judge, or to any other third party, any matter relating to the content of the therapy with the children (except required disclosures under the Child Abuse Reporting Act, or other safety concerns) without the child's explicit consent.

### **CLIENT BILL OF RIGHTS**

Clients that are consumers of psychological services have the following rights:

- To expect that the psychologist has met the minimal qualifications of education, training, and experience required by state law
- To examine public records maintained by the Board of Psychology which contain the credentials of a psychologist

- To report complaints about our psychologists to the Board of Psychology, 2700 University Avenue West, Suite 101, St. Paul, MN 55114. Phone: (612) 617-2230
- To report complaints about our marriage and family therapists to the Board of Marriage and Family Therapy, University Park Plaza Building, 2829 University Avenue SE, Suite 330, Minneapolis, MN 55414-3222. Phone: (612) 617-2220.
- To obtain a copy of the code of ethics from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, Saint Paul, MN 55155.
- To be informed of the cost of professional services before receiving services
- To privacy as defined and limited by rule and law
- To be free from being the object of discrimination on the basis of race, religion, gender or other unlawful category while receiving psychological services
- To have access to their records as provided in this agreement and Minnesota Statutes, section 144.292
- To be free from the exploitation for the benefit or advantage of the psychologist
- To terminate services at any time, except as otherwise provided by law or court order
- To know the intended recipients of psychological assessment results
- To withdraw consent to release assessment results, unless that right is prohibited by law or court order or is waived by prior written agreement
- To a description of assessment procedures
- To an explanation and interpretation of assessment results, unless that right is prohibited by law or court order or is waived by prior written agreement

**CONSENT TO RECIVE PSYCHOLOGICAL SERVICES**

Before signing below, please read the “Information for New Clients” document carefully. Your signature on this page indicates that you have read this document and agree to the terms described in the document. Your signature also indicates that you have received the HIPAA notice form described in the “Information for New Clients” document. Please feel free to discuss any questions or concerns you may have about our policies or procedures.

As a client, or parent/legal guardian of the client, listed below, I understand that by signing this form I authorize his/her evaluation and treatment. I also understand that I have the right to request information concerning the minor’s evaluation and treatment. I have received and reviewed a copy of the “Information for New Clients” document. The information in this document, including client rights and the limitations of confidentiality have been explained to me. I understand the situations in which my psychologist or therapist might be required to disclose information without my consent.

Client Name (print): \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name (print): \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_