

Pioneer Peak Mental Health, Inc.

Linda A. Rasmussen, LCSW

Licensed Clinical Social Worker - Advancing well-being – Strengthening lives

AGREEMENT FOR PSYCHOLOGICAL SERVICES AND CONSENT TO TREATMENT

Instructions: Please read this form carefully and sign below indicating your agreement to its terms

Welcome. This Agreement contains important information about my professional services and business policies. Please read carefully and sign at the bottom. You may ask questions about anything covered in this agreement at any time. Please note that all clients are seen by appointment only.

Psychotherapy:

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and client, and the particular problems you are experiencing, and the age of the client. There are different methods I may use to help address different problems. Psychotherapy is not like a typical 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 in and outside of our sessions. I often give homework assignments to make your time in sessions the most beneficial. *It is my goal to help you help yourself.*

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant and sometimes very difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Psychotherapy most often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. *It is my goal to be compassionate while helping you to make progress.*

Obligations of Clients:

It is important that you be open and honest with me, even if doing so is painful or embarrassing. Lack of complete openness strips therapy of its meaning and exacerbates psychological problems, such as dissociations and denial. I can only help you to the extent that I am provided with the whole truth. When working with your child, it is important that you are honest with me about the things that your child is experiencing. When I come to you about concerns shared in therapy, it is important that you take an honest approach at looking to see what needs to improve, and ways to help with those improvements.

It is also important that you maintain your own support network. Wasilla is a small town, and it is possible that I may run into you in a variety of settings. When this happens, I will not divulge

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your privacy by indicating in any way that you are or ever have been a client. However, if you say hello to me, I will respond accordingly and follow your lead only. If your child sees me, and runs up and says hello to me, I am likely to respond to your child in kind. If you are uncomfortable with this for any reason, please let me know. However, I do not ever want your child to feel dismissed or disrespected.

My Approach:

I graduated with my Bachelor's degree and Master's degree from Brigham Young University's Clinical Social Work program in 1999 and 2002 respectively. My specialties include working with children, women, and families, with an extra emphasis in helping with healing from trauma.

Working with children is a unique therapeutic process. The theory I use when working with children typically under the age of 11 is called Client-Centered Play Therapy. This modality is non-evasive, and has excellent outcomes. Eventually in the therapeutic process, I incorporate Filial therapy (for more information regarding these types of therapy, please see Risè VanFleet's web site for parents at <http://www.play-therapy.com/parents.html>). If it is your child whom I will be seeing for therapy, it is the expectation that parents will read assigned homework and eventually participate in Filial therapy. This will be explained and discussed in our first appointment, which will typically be with the parents only. *My goal is to help you help your child make progress.*

Sessions:

Our first few sessions will involve an evaluation of your (or your child's) needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you (and your child when applicable) feel comfortable working with me. Psychotherapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions, please feel free to ask them as they arise.

Once psychotherapy has begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration – 40 minutes when doing play therapy) per week at a time we agree on although this may vary. To ensure that all clients have an equal opportunity to schedule an appointment, *all appointments require a 24 hour cancellation notice* except for those *rare* occasions such as significant illness or unforeseeable emergencies. If a significant illness or emergency does arise, I ask that you notify me as soon as possible so that I can plan accordingly. If an appointment is not cancelled 24 hours prior, or if you fail to arrive for your appointment, you will be charged a \$125.00 cancellation fee. If you have booked your session within 24 hours of the appointment, but fail to arrive or cancel within a reasonable amount of time, but no less than 2 hours, you will be charged a \$75.00 cancellation fee. Please understand that every “no show”

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appointment occupies a block of time that could have been dedicated to another client seeking care. Please also note that 3rd party payers do not provide reimbursement for unused sessions. This payment will be expected before you can schedule another appointment with me.

Contacting Me:

My telephone number is (907) 775-8742. Due to the nature of my work, I am most often not immediately available by telephone. While I strive to be available during business hours, I will not answer the phone when I am in an appointment or am otherwise unavailable. When I am unavailable, my telephone is answered by confidential voice mail that I monitor regularly. I will make every effort to return your call within 24 hours, with the exception of weekends, holidays, and vacations. Nighttime and weekend calls will usually be returned the next business day. If you find yourself in an urgent situation, make a judgment about the prudence of waiting for my call versus calling your primary care physician, 911, or the Anchorage Community Mental Health Center's 24-hour crisis line (907-563-3200). If I am away for extended periods, my voice mail message will indicate that and state when I will return.

My email address is lindarasmussenlcsw@live.com. Email is a convenient method of communication, though it is best used for administrative matters such as scheduling and payment issues. Please note that information transmitted by email is not entirely secure. Please use your judgment and your own level of comfort when transmitting personal information using this medium.

Limits on Confidentiality:

The law protects the privacy of all communications between a client and a psychotherapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form. There are some situations where I am permitted or required to disclose information without either your consent or authorization. Please see the attached "Notice of Policies and Practices to Protect the Privacy of Your Health Information" for more information. A summary is provided below:

- If a client threatens to harm himself/herself or others, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychotherapist-client privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order signed by the judge requiring it. If you are involved or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

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- I am required to comply if a government agency requests information for health oversight activities.
- If a client files a complaint or lawsuit against me, I may disclose all relevant information in order to defend myself.

I am legally obligated to take action, such as making a report to a protective agency or warning a potential victim, which I believe is necessary to protect others from harm, and thereby revealing information about a client's treatment. These situations are unusual in my practice. I have outlined situations that would legally obligate me to take action:

- If I have reasonable cause to suspect a child has suffered harm as a result of child abuse or neglect and it has not already been reported.
- If I have reasonable cause to believe a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect; or a disabled person has been abused.
- If a client communicates an immediate threat of serious harm to an identifiable victim, I may be required to notify the potential victim, contact the police, and/or seek hospitalization for the client.

If any such situation arises, I will make every effort to discuss it with you before taking any action, and I will try to limit my disclosure to what is necessary. While this written summary of exceptions of confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

Professional Records:

The laws and standards of my profession require that I keep Protected Health Information (PHI) about you in your Clinical Record. If you provide a written request, you have the right to examine and/or receive a copy of your records. Because these are professional records, they can sometimes be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence or have them forwarded to another mental health professional to review with you. There may be a charge for reproducing records or for the time required to review them with you. The typical charge for reproducing records is currently \$1.95 per page for the first 25 pages and then \$1.69 per page for every page thereafter. Payment must be received prior to receipt of these records.

If these records are being requested due to custody or other court litigation, there may be times that records will not be shared; especially if it to protect the confidentiality of the child's disclosures. However, since you have the right to know what is in their records, you may make an appointment and we can go through your child's records. If you take the things that your child has shared in

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therapy, and use it to emotionally harm them, you will be at risk for a potential emotional abuse report, and it is important that you are aware of the harmful effects this will have on your child. Please do not use your child's records as weapons in anyway. It is my desire to protect your child from emotional damage and protect their confidentiality. Hopefully it is also your desire to protect your child from emotional harm, and to give them a sense of security in knowing they have an objective party in which they can share what they need to in order to work through their experiences.

Professional Fees:

Currently, my professional fees are as follows:

- \$255 | Initial assessment
- \$120 | 20-minute individual session
- \$170 | 40-minute individual session
- \$235 | 55 minute individual session
- \$195 | 40 minute play therapy session
- \$195 | 40 minute filial therapy session
- \$185 | 40-minute Family session w/ patient present
- \$185 | 40-minute Family session w/o patient present
- \$235 | 55-minute Family session w/ patient present
- \$235 | 55-minute Family session w/o patient present
- \$295 | Court appearances (per hour, point to point)
- \$295 | Off site assessments (per hour, point to point)
- \$110 | 90 minute group session
- \$240 | 60 minute Crisis session
- \$120 | Each additional 30 minutes for Crisis
- \$250 | Case management (per hour)
- \$250 | Review of records

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- \$67.50 | Letter writing (per ¼ hour)
- \$125 | Missed appointment; Late Cancellation;
- \$67.50 | Telephone calls and emails (first 5 minutes are free, any 15 minute portion thereafter)

These fees will change from time to time. Current fees can be found within the latest revision of this agreement, available at your request at any time, and I will also verbally inform you of any change.

Services may be covered in full or in part by your health insurance or employee benefit plan. Please check your coverage carefully by asking the following questions:

- Do I have mental health insurance benefits?
- What is my deductible and has it been met?
- How many sessions per year does my health insurance cover?
- What is the coverage amount per therapy session?
- Is approval required from my primary care physician?

Court Involvement Policy:

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time in advance, including all preparation and transportation costs, even if I am called to testify by another party. I will not agree to court appearance unless we have discussed the matter thoroughly and both agree that such appearance will not interfere with our therapy relationship (or the relationship with your child if it is your child whom I will be seeing in therapy). Because of the complexity and difficulty of legal involvement, my fee, in advance, is \$295 per hour for involvement in any legal work, communication, time for travel, and any time spent consulting with you and or an attorney, in addition to all legal fees incurred. I will not get involved in a custody dispute unless otherwise previously arranged and agreed upon. **This is to help keep the integrity of the therapeutic relationship, and is vital in best outcomes.**

If we have talked about it, and I have agreed to appear in court, I require a 2 week notice for a court date so that I can arrange my schedule accordingly. Should the court date be set with less than 2 weeks notice, I will do what I can to accommodate, but it may be very difficult for me to

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appear. More notice is best to ensure my ability to appear. There will be an additional \$200 fee on top of my hourly fee for less than 5 business days notice for appearing in court.

Cancellation Policy:

Appointments must be cancelled by noon (12 PM) the business day before your appointment or you will be charged a late cancellation fee of \$125.00.

If you do not show up for your scheduled therapy appointment, and you have not notified Pioneer Peak Mental Health at least by noon (12 PM) the day before your appointment, you will be assessed a missed appointment fee of \$125.00

Insurances cannot be billed for missed or late cancellation appointments. This fee must be paid on or before your next scheduled appointment.

Billing, Insurance, and Payment:

Payment can be with check, or cash. **You will be expected to pay for each session at the time it is held, unless we agree otherwise.** If there are problems pertaining to your situation, you may be required to pay in advance. Please have your checks made out in advance so as to save our time together for therapy and not payment. As a courtesy, I will be glad to file a claim with your insurance through my billing agency. In that case, you would only pay your deductible, co-payment, and amounts not covered by insurance at time of service. As the insured, you are ultimately responsible for determining what services are covered and to what degree. The situation may vary if I am a participating practitioner with your insurance company. I am currently a participating practitioner with Premera Blue Cross of Alaska, and FEP. Unfortunately, I am unable to accept Tricare, Medicaid and Medicare, as I am not a community provider, and there is not an MD on staff full time. Unless I am participating with your insurance company, I usually will not complete treatment reviews by companies who manage your benefits unless otherwise arranged between you and me. This is for clinical reasons that I will be glad to discuss with you. As this may affect your level of benefits, please understand how your insurance works with regard to mental health benefits when initiating services. I suggest that you call to verify your mental health coverage and any requirements your insurance company imposes to insure coverage.

If your account has not been paid for 30 days or more and arrangements for payment have not been agreed upon, late payment fees of 7.5% per month will be charged, and I have the option of using legal means to secure payment. This may involve hiring a collection agency (in which case a 35% delinquency fee will be added to your balance) or going through small claims court (in which case, legal costs will be included in the claim, in addition to the time involved and interest). These

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situations are very rare, and require disclosure of otherwise confidential information (usually just name, the nature of services provided, and amount due). Please do not let this happen; *I would much rather communicate and find some solution to overdue accounts.*

My signature below indicates that I have read this agreement, understand it, and agree to all of its terms, and I have received the HIPAA notice form titled “Notice of Policies and Practices to Protect the Privacy of Your Health Information.” Signing also authorizes Linda Rasmussen, Pioneer Peak Mental Health, Inc. or her billing agency to supply my insurance company(s) with the information necessary to authorize services and to process insurance claims for me and/or my dependants and authorizes payment of medical benefits directly to Pioneer Peak Mental Health, Inc. for the services provided. I understand that I may ask any questions that may arise as they come up and may receive further clarification at any time. I agree that I will pay for all expenses, charges, and legal fees incurred by Linda Rasmussen and her representatives in any event that collections is involved in collecting money that I owe. I consent to these conditions outlined in this agreement and request psychotherapy with Linda Rasmussen, LCSW under these conditions.

Signature of client or representative

Date

Printed Name

Name of client (if different)

Relationship to client

Social Security No.: _____

Driver’s license No.: _____

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