

PSYCHOTHERAPY SERVICES AND BUSINESS POLICIES

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Welcome to my practice. This document contains important information about my psychotherapy services and business policies. I will also be providing you with a separate document that details the Health Insurance Portability and Accountability Act (HIPAA), which provides privacy protection and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). This law requires that I obtain your signature indicating that I have provided you with this information. Please read both of these documents and we can discuss any questions you might have at our next session.

PSYCHTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and the client, and the particular concerns you want to address. There are many different methods that I might use to assist you in psychotherapy. This process calls for a very active effort on both your part and mine. In order for therapy to be most successful, you will want to work on things we talk about both during our sessions and between visits.

Psychotherapy can have benefits and risks. Because sometimes therapy involves discussing unpleasant aspects of your life, and sometimes involves challenging deeply held assumptions and beliefs, you may experience uncomfortable feelings such as fear, sadness, guilt, anger, frustration, loneliness or helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Your own experience will be an individual one.

Our first session or two will involve an evaluation of your needs. At the end of the first or second session, I will offer you some first impressions of what our work might include and a plan for treatment if you elect to continue seeing me. You should evaluate this and your own feelings of comfort working with me, as therapy is an individual experience. It requires a commitment of time, money, and energy, and it is important to us both that we discuss whatever is necessary to make that commitment as successful as possible.

SESSIONS

If you decide to see me for therapy, sessions are generally 50 minutes in length. Occasionally, especially for family therapy, we may mutually decide that a longer session is desirable. In that case, the fee is prorated for the length of time that is scheduled.

FEES AND CANCELLATION POLICY

My fee for an intake session is \$200 and for all other 50 minute sessions, it is \$150.00. However, if I have a contract with your insurance policy that restricts my reimbursement, you are only responsible for the allowable amount. If you miss an appointment, and do not cancel at least 24 hours in advance, you will be charged the full fee. Please note that insurance does not typically reimburse for missed sessions.

I request that you pay your portion of what you owe for sessions at the time of service, unless we agree otherwise or your insurance coverage requires another arrangement.

INSURANCE

KJO Billing Service will file all insurance claims for you, and in cases where you can assign benefits directly to me, reimbursement can be handled in that way. Please check to see the limits of your coverage. I am currently a participating provider for Blue Cross, Aetna, Medica, UBH, Value Options, Preferred One, TEAM and Tricare. For other carriers you may use your “out of network” benefits if your policy permits. It is important for you to find out exactly what mental health benefits you have. In most cases, your insurance card lists a customer service phone number where you can call to get this information.

Should you elect to use your health insurance, I will make a photocopy of your card. All insurance companies will require that I provide them with a diagnosis in addition to dates of service and type of service (for example, individual or family therapy). On some occasions, they will also ask for a summary of my treatment plan, your progress and your prognosis. If your company asks for this additional information, I will do my best to notify you before submitting it. If you do not want me to give your company the information they request, please be aware that your company may deny coverage, at which point you will be responsible for the cost of your therapy.

MINORS AND PARENTS

Clients who are under 18 years of age and their parents should be aware that the law may allow the parents to have information about you that would be considered confidential for an adult. Generally speaking, I ask that parents give up this access. If they agree, I will provide them with general information about their child’s progress and attendance at sessions, unless I feel that the child is in danger or is a danger to others. I will discuss this with the child and if possible, communicate this to the parents with the child’s cooperation.

CONTACTING ME

I am often not immediately available by telephone, if I am not in the office or am with a client. However, I regularly check my voicemail between the hours of 8 AM and 5 PM Monday through Friday. I will make every effort to return your call within 24 hours, with exception of weekends, holidays and when I am out of town. If you are unable to reach me and feel that you cannot wait for me to return your call, please contact your personal physician, call 911 or one of the following services: Hennepin County Crisis

Connection (612) 379-6363, Ramsey County Crisis Line (651) 643-3006, or the Suicide Prevention Center (612) 347-2222.

MY SCHEDULE

I am typically away for one to two months in the summer, sometimes all at one time and sometimes divided into two periods of time. During these periods, I am available for phone sessions if you choose to do so. Please be aware that insurance typically does not reimburse for phone sessions. If you use insurance to pay for your therapy, my fee for phone sessions while I am out of town is \$55 per 55-minute session. If you pay out of pocket, your fee will remain the same. In addition, should you request it, I will provide you with the name of a colleague with whom you can meet in my absence. You will be responsible for the cost of those meetings.

I have read and understand this description.

Signature

Date