

Lake Minnetonka Psychology
202 Water Street, Suite 208
Excelsior, MN 55331
Contact: Kathleen Petersen, Ph.D., LP, NCSP
KP@LakeMinnetonkaPsychology.com
612-895-6500

CLIENT INFORMATION AND CONSENT FORM

Effective March 26, 2023

Welcome to Lake Minnetonka Psychology, the practice of Kathleen Petersen, Ph.D., Licensed Psychologist. This document contains important information about my professional services, policies and business practices. Please read it carefully and note any questions you might have so we can discuss them. When you sign this document, it will represent an agreement between us.

MY BACKGROUND

I hold a Ph.D. in School Psychology from the University of Oregon. I am a Licensed Psychologist in the states of Minnesota and Arizona. I am also a Nationally Certified School Psychologist through the National Association of School Psychologists and a Licensed School Psychologist through the Minnesota Department of Education. My areas of competency include evaluation and treatment of social, emotional, behavioral and/or learning problems in children to young adults.

PSYCHOLOGICAL SERVICES PROVIDED

I provide three types of psychological services including evaluations, individual counseling and parent consultation. Some clients will need all three services I provide whereas other clients may only need one or two. For clients needing evaluation, the length will vary depending on the scope and complexity of your concerns. Individual therapy focuses on improving thoughts, behaviors and self-concept that may be contributing to current problems. Parent consultation provides caregivers strategies for improving their child's behaviors, mood and/or learning.

I use a combination of behavioral, cognitive and humanistic approaches to evaluation and treatment planning. In simpler terms, I use a positive approach to changing thoughts and behaviors of individuals with behavior, emotional and/or learning problems.

TREATMENT EXPECTATIONS

I use a non-judgmental, positive approach to my services. Together we will develop a plan for psychological services that will provide you with insight into your current strengths, problems

and strategies for improvement. During my sessions, I will ask you to take down some notes of important things to remember and do in-between sessions. I also give small, manageable homework assignments that will help you through your current and future problems. Please be prepared to discuss your goals for psychological services during our first appointment.

Psychological services can have benefits and risks. Since psychological services 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, psychological services have also been shown to have benefit people. Receiving psychological services often leads to better relationships, solutions to specific problems, increased awareness and insight, and significant reductions in feelings of distress. Even though there are several benefits to psychological services, there are no guarantees that psychological services will benefit you.

For potential counseling clients, our first one to two 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 and treatment plan to follow. You should evaluate this information along with your own opinion of whether you feel comfortable working with me. If after the initial evaluation, I determine your needs are beyond my scope of practice, I will make recommendations for possible local resources that may be able to support you. Psychological services can involve a large commitment of time, money and energy, so you should be very careful about the psychologist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional for a second opinion.

SCOPE OF PRACTICE

My primary scope of practice is supporting children to young adults with mild to moderate attention, learning, behavior, social or emotional functioning problems. The most common screening and evaluation concerns I assess include attention and learning problems (e.g., concerns such as potential ADHD and/or learning disabilities). The most common conditions I treat in counseling and parent consultation are mild to moderate anxiety, school-related problems and social-related problems.

Please note I do not conduct child custody evaluations, family counseling, or child counseling for children adjusting to parent/guardian separation or divorce. I am also not able to provide in-person treatment or evaluations for individuals with verbal or physically aggressive behaviors that are threatening to others or disruptive to in-person evaluations, screening or counseling sessions.

APPOINTMENTS

Therapy, consultation and evaluation interview sessions are 50 minutes long, unless otherwise arranged. Evaluation/testing sessions vary by scope and complexity of evaluation, typically ranging from one to two hours.

Prior to starting therapy or consultation, I normally conduct an evaluation that will last 1 to 2 sessions. Of note, insurance companies require an Initial Diagnostic Assessment prior to participation in psychotherapy. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals.

If individual therapy or parent/guardian consultation is begun, I will usually schedule one or more sessions (one appointment hour is 50 minutes duration) every week or two weeks at a time we agree. The length of treatment for psychological problems will necessarily vary from one individual to another. Essentially, the treatment (type and duration) should always be matched appropriately to the nature and severity of the person's presenting difficulties. Acute difficulties usually require fewer treatment sessions than do chronic conditions. Moreover, length of treatment also varies with the type of treatment provided; cognitive behavioral treatments, which focus on a specific problem, are generally briefer than are psychotherapies with a broader focus.

If testing or evaluation is recommended, the purpose, procedures, time and cost will be provided in a written proposal.

INDIVIDUALS WHO MAY ATTEND APPOINTMENTS

Siblings and non-client children are not permitted to attend counseling, evaluation and parent consultation sessions due to privacy and confidentiality issues. Parent/guardian consent is needed for other caregivers (e.g., grandparents) to attend counseling sessions. If parents/guardians need to care for non-client children while a client is in session, there are many local restaurants, coffee shops, stores, and parks within close proximity to the psychology practice.

WAITING AREA FOR IN-PERSON APPOINTMENTS

Please note my office does not have a private waiting area. There is a small lobby with seating near my office by the second-floor elevator that may be used for quiet waiting. If individuals prefer to wait in another area, they may text 612-895-6500 and request a text for when I am ready for them to come into my office.

CANCELLATIONS/MISSED APPOINTMENTS

Clients may cancel or reschedule an appointment anytime, **as long as they provide 48 hours notice**. When you schedule an appointment, I reserve the time for you. My cancellation policy allows me time to offer this time to another client on my waiting list. Cancellations made without 48 hours notice but prior to the start of the session incur a \$99 late-cancellation fee.

No-shows or cancellations made after the start of the session incur the full fee.

I understand that in rare circumstances, emergency situations or hazardous inclement weather may occur. These situations will be taken into consideration if you are unable to provide me with advance notice. In return, I reserve the same rights and will notify you as soon as possible if I need to cancel a session with you.

BILLING AND PAYMENTS

Clients are expected to pay for the appointment as well as for any outstanding balances with cash, check, or credit card at the end of each session. Screenings are charged after the final report is sent to the client/parent/guardian. Evaluation fees are charged 50% before testing starts and remaining 50% when evaluation report is completed. Under special circumstances, I am willing to slide my fee down or arrange for a payment plan. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I may involve the use of a collection agency to secure payment.

PARENT DIVORCE AND SEPARATION

If parents of minors are divorced or separated, I have the following policies:

- Documentation: Current divorce decrees will be provided prior to the initial session to verify agreements and financial responsibility for mental health treatment.
- Testifying in Court: Generally, I do not testify in court. If I am subpoenaed to testify in court, I will request a release of information from both parents.
- Disputes: I will not take sides with either parent during a dispute. My primary interest is the mental health of the child/adolescent. Parents will refrain from making disparaging comments about the other parent when children are present.
- Secrets: I will not keep the secrets from the child or other parent if it negatively affects the mental health of the child.
- Financial Arrangements: Following a separation or divorce, I will meet with both of the parents to discuss financial arrangements. The parent who brings the child/adolescent to the session is responsible for paying for the session.

FEES

My fee for 50-minute therapy or consultation sessions is \$150 per session. In addition to regular therapy appointments, I charge \$150 per hour for other professional services related to therapy and consultation such as phone calls lasting more than 5 minutes, attendance in meetings with other professionals that you have authorized, travel to offsite meetings, preparation of records and treatment summaries, and time performing other services you may request. I break down the hourly cost if I work for periods of less than one hour.

Assessments and evaluations are \$175 per hour. The length of time needed for an evaluation varies by the nature and scope of assessment. I will provide written proposals for evaluations before starting an evaluation. The proposal would include purpose of assessment, areas being assessed, assessment methods and total cost. I am very cost- and time-conscious in my evaluation procedures. I assess only what we (you and I) agree are essential. Following are examples of evaluation fees:

Sample Screening & Evaluation Costs

Reading/Dyslexia screening - \$525

ADHD screening - \$525

Full ADHD evaluation (without academic testing) - \$1,925

Full ADHD evaluation (with academic testing) - \$2,625

Full psychoeducational evaluation for concerns such as dyslexia, ADHD and/or autism - \$2,800

If you become involved in legal proceeding that requires my preparation or participation, you will be expected to pay for my professional time if I am called to testify by you or by another party. My fees are \$350 per hour plus travel expenses for preparation, travel time and attendance in any legal proceeding. Please note I do not provide child custody evaluations or services related to child custody.

CONFIDENTIALITY

In most situations, the law protects the confidentiality of all communication between a client and psychologist. Information is released only with your written and informed consent, unless otherwise required by law. There are a few legal exceptions to confidentiality.

- I am mandated by law to report to appropriate state agencies if I learn of minors or vulnerable adults who are currently or have within a specified period of time been abused or neglected.
- I am also required by law to report certain information in connection with a “duty to warn” others of potential homicidal or suicidal acts.
- Consistent with professional standards, I do engage in continuing professional education and consultation. I may discuss your case with other professionals who have agreed to keep all information confidential, and I will not use any identifying information without your permission.
- If you are seeking reimbursement from your health insurance company, they may request information about diagnosis, treatment plans and progress of treatment and other information needed for authorizations. In addition, many insurance companies

request that your primary care provider be informed of your treatment as well. I will ask you to sign forms authorizing me to release this information if it is requested.

- The laws and ethical issues regarding confidentiality and minors (individuals under age 18) are complex. Adolescent minors are generally concerned about confidentiality. Some will avoid treatment or disclosing information specifically for this reason. Clients under the age of 18 generally must have the consent of their parents or guardians to receive psychological services. Parents/legal guardians do have the right to access mental health care records. However, mental health care providers are obligated to use discretion in withholding health records (e.g., psychotherapy notes) if they believe the information is detrimental to the physical or mental health of the patient or is likely to cause the patient to inflict self harm, or harm another. Therefore, although parents have the right to access treatment records, it is my policy to provide parents with only general information about treatment unless there is a risk that a child will harm him or herself or someone else. I will provide on-going feedback (either written or verbal) to parents about diagnoses, the nature of treatment, progress, and general concerns.

Confidentiality is an issue that will be discussed during your first appointment. Feel free to ask questions about confidentiality at any time.

Parents of adolescents: Please talk with me about this policy if you have questions or concerns. Therapy works best if the family is included in treatment, so every effort is made to make this happen in a way that is helpful to all involved.

AUDIO/VIDEO RECORDINGS

Clients are not permitted to record sessions in any manner without prior written consent from me. Personal notes are acceptable, and in some circumstances may be encouraged. I do not make audio/video records of sessions without specific client consent.

SPECIAL NOTE FOR POTENTIAL CLIENTS ATTENDING EASTERN CARVER COUNTY SCHOOLS

Of note, outside of my private practice, I have worked part time as a school psychologist with Eastern Carver County Schools for several years. If a potential client is enrolled in Eastern Carver County Schools, I will ensure the services I would provide would not create a conflict of interest, limit my objectivity or create a multiple relationship with my client. For example, I do not see clients in private practice whom I currently or have worked with in public schools. I will review this policy with you the first time we talk. If I am not able to work a client, I will provide a list of alternative providers and practices.

PROFESSIONAL RECORDS

I am required by law to keep treatment records. Clinical records are kept confidential and are retained for 8 years (or until the client reaches the age 18 for clients under age 11). You have a

legal right to your records. Requests for records must be made in writing. My policy is that a review of records must be made in my presence so that any questions can be answered.

CONTACTING ME

Due to the nature of my work, I am often not immediately available to return messages. If you are experiencing a life-threatening emergency, call 911.

You may communicate with me through the patient portal, e-mail (kp@lakeminnetonkapsychology.com) or phone (voice or text at 612-895-6500). Please note I can only use email and text for scheduling appointments due to confidentiality. I cannot provide information or recommendations through e-mail or text.

I do monitor for messages sent to my voicemail, text, patient portal and email address frequently. I will make every effort to return messages within one business day with the exception of weekends and holidays. I am typically seeing clients during the business day and generally return messages between 3:30pm and 7:30pm on weekdays. When you leave me a message, please inform me of the times you may be available if you need a return call. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of another psychologist to contact, if necessary.

TERMINATION OF SERVICES

Therapy entails a significant amount of time, energy, and money. Therefore, it is important that both you and I feel as though the process is beneficial. Throughout therapy and consultation, I will evaluate your progress and during the first few sessions will determine if I can benefit you in meeting your psychological services goals. If at any time you or I feel that your treatment is not helping you reach your therapeutic goals, then you and I will discuss the situation and, if appropriate, decide to terminate treatment. If I think that another setting or clinician is more appropriate, I will provide you with several referrals to contact. You have the right to terminate services at any time.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

SIGNATURE OF UNDERSTANDING

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

Client Name (printed)

Client Signature (or parent, if patient is a minor)

date