ERVIN
COUNSELING
& Family Life Ministries

Helping People to Heal and Grow

DISCLOSURE STATEMENT AND AGREEMENT FOR SERVICES

INTRODUCTION

This document is intended to provide important information regarding your treatment, including our policies. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

ABOUT THE THERAPY PROCESS

It is your therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your therapist and the specifics of your situation, your therapist will provide recommendations to you regarding your treatment. We believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will periodically provide feedback about your treatment and will invite your input into that discussion.

Due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result. Also, sometimes in the process of therapy, a client may temporarily experience increased anxiety or distress. This should be discussed with your therapist.

TERMINATION OF THERAPY

The length of your treatment and the timing of eventual termination depend on the specifics of your treatment goals and the progress you achieve. It is a good idea to plan for your termination in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your goals, or terminating your therapy.

INFORMATION ABOUT YOUR THERAPIST

Any time you may ask your therapist about his/her professional background, experience, education, special interests, and professional/theoretical orientation.

LISA J. ERVIN is a Licensed Marriage and Family Therapist (MN License #1353). She holds an M.A. in Clinical Psychology with an emphasis in marriage and family therapy from Azusa Pacific University, Azusa, CA (1999). Lisa is a Clinical Member of the *California Association of Marriage and Family Therapists.*

BRUCE D. ERVIN is a Licensed Marriage and Family Therapist (MN License #1114). He holds a M.A. in Marital and Family Therapy from the Graduate School of Psychology at Fuller Theological Seminary, Pasadena, CA (1991) and an M.Div. from Princeton

Theological Seminary, Princeton, NJ (1985). In 2011 he completed a two-year certificate program in psychodynamic psychotherapy through the Minnesota Institute for Contemporary Psychotherapy and Psychoanalysis. Bruce is a Clinical Member of the *American Association for Marriage and Family Therapy (AAMFT)* and an ordained minister of the Presbyterian Church (USA).

THERAPY FEES

Typically, appointments are 50-minutes in length. The fee for a 50-minute individual, couples or family therapy session is $125. Longer appointments are occasionally requested by clients. The fee for longer appointments will be prorated based upon the established 50 minute session fee.

An initial diagnostic intake appointment is typically billed at $180 per session.

A sliding scale fee, ranging from $75 - $125, may be available for clients with limited income. If you have a need, please ask and your therapist will work with you to establish the fee for which you are responsible.

Fees are payable at the time that services are rendered, unless otherwise noted due to insurance company policies. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment arrangement.

If for some reason you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you consider any options that may be available to you at that time.

ACCEPTED FORMS OF PAYMENT/BILLING STATEMENTS

Cash, check, or Visa/MasterCard are accepted forms of payment. If you have a balance on your account, a monthly billing statement will be provided. (A billing statement can be provided monthly on any account upon request, even if the account is paid to-date.) Any monthly billing statement you receive will show the amount for which you are responsible after your insurance has processed your claims.

USING INSURANCE BENEFITS

Please inform your therapist if you wish to utilize health insurance to pay for services. If your therapist is a contracted provider for your insurance company, your therapist will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payment or deductible depends on the requirements of your specific insurance plan.

Insurance claims are submitted by a medical billing professional with whom we have contracted. Our billing professional will verify your benefits. We will inform you regarding the benefits quoted by your insurance company.

Our verification of your benefits does not insure coverage for your counseling in the event that your benefits are misquoted to us. You should be aware of your benefits and limits of coverage since you are responsible for payment of any services we render to you. Although we will submit claims on your behalf, we are unable to guarantee that your insurance will pay for

the services provided to you. Please discuss any concerns that you may have about this with your therapist.

CONFIDENTIALITY

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. Please note, however, if you are utilizing insurance, your therapist will be required to provide a mental health diagnosis for billing.

If you participate in couples or family therapy, your therapist will not disclose information about your treatment unless all persons who participated in the treatment with you provide their written authorization to release such information.

It is important that you know that your therapist uses a "no secrets" policy when conducting couples or family therapy. This means that if you participate in couples or family sessions, your therapist is permitted to use information obtained in individual sessions that you have had with him/her when working with other members of your family. Whenever possible, disclosures will be discussed with you in advance in a spirit of collaboration, assisting you as a couple and/or family to accomplish your therapeutic goals. Please feel free to ask your therapist about his or her "no secrets" policy and how it may apply to you.

There are a few **exceptions to confidentiality**. Exceptions include the following. 1) Therapists are required to report instances of suspected child or dependent adult abuse. 2) Therapists may be required to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person; or 3) when the client presents a danger to him or herself. 4) In addition, a federal law known as the Patriot Act of 2001 requires therapists and others in certain circumstances to provide FBI agents with books, records, papers, documents and other items, and prohibits the therapist from disclosing that the FBI sought or obtained the items under the Act.

MINORS AND CONFIDENTIALITY

Communications between therapists and clients who are minors (under age 18) are confidential. However, parents and guardians who provide authorization for the minor's treatment are often involved in the treatment. Consequently, your therapist, in the exercise of professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any concerns that they have on this topic with the therapist.

APPOINTMENT SCHEDULING AND CANCELLATION POLICIES

Sessions are typically scheduled to occur once a week on the same day and time if possible. Your therapist may suggest more frequent sessions depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. Your therapy should continue at least one time per week until you begin the process of termination.

At the time you begin the process of termination, your sessions may be reduced as appropriate. Your therapist does not typically see clients less than once a week during the treatment phase of therapy.

If you are unable to attend your regularly-scheduled appointment, your therapist will make efforts to reschedule with you. It is recommended that you make up a missed session within the same week.

You are allowed three missed sessions per calendar year for which you are not charged. If you reschedule a missed session within four weeks of the original date, it will not count as a missed session. For missed sessions beyond those allotted three, you will be charged. If you need to cancel an appointment for any reason, you can elect to use one of those three free missed sessions or you may preserve them for future use by rescheduling.

Please be advised that your insurance company will not pay for missed or cancelled sessions. **If you have any questions about this policy, please discuss them with your therapist.**

THERAPIST AVAILABILITY/EMERGENCIES

You may leave a message at any time on your therapist's confidential voicemail. If you wish your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Your therapist will return your call within 24 hours. (Phone calls are generally not returned on Sundays.)

In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance. You may also call the Hennepin County Crisis Center at (612) 873-3161 for psychiatric emergency services.

THERAPIST COMMUNICATIONS

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference for contact on the "Client Registration" form.

AUTHORIZING SIGNATURE(S)

Your signature indicates that you have read this agreement for services carefully, and that you understand and agree to abide by its contents. Please ask your therapist to address any specific questions or concerns that you have about this information before you sign.

Client's Signature	**Client's Printed Name**
Date	
Parent's/Guardian's Signature	**Parent's/Guardian's Printed Name**
Date	