

Outpatient Services Contract

Welcome to my practice. This document contains important information about my professional services, business policies, your rights as well as our mutual responsibilities and obligations. It also contains information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protection and patient rights about the use and disclosure of your Protected Health Information (PHI). Although these documents are long and sometimes complex, they are very important that you understand them. Please read it carefully and discuss any questions you have with me. When you sign this, it will represent an agreement between us.

Professional Services

Psychotherapy: I am committed to providing professional therapeutic services to individuals, couples, families and groups. I have met the requirements and training for a Licensed Independent Clinical Social Worker and will continue to maintain these requirements.

Psychotherapy can have benefits and risks. Since it involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, therapy has been shown to have benefits for people who participate in it. However, there are no guarantees of what you will personally experience. I understand therapy is not an exact science and I acknowledge that no guarantees have been made to me as the result of assessment or treatment.

When we first meet, I will conduct a diagnostic assessment. By the end of that evaluation, I will be able to provide you with feedback, recommendations and offer you some first impressions of our work which will include should we decide to work together. You should evaluate this information along with your opinion of whether you feel comfortable working with me. Therapy involves a commitment of time, money and energy, so you should be very selective in whom you choose for your therapist.

During this time, I will also decide if I am the best person to provide the services you need. An intake assessment can also be just for the purpose of assessment and referral; coming in for an intake doesn't mean we are consenting to treatment together. If I cannot provide the service, I will consult with others and/or refer you to other resources.

As best practices as a social worker, I participate in a weekly consultation group where I may consult with other professionals (legal and clinical) on your case. To what degree it is possible, every reasonable attempt will be made to avoid revealing your identity to other professionals whom I consult with.

Walk Talk Therapy Services

You voluntarily choose to participate in WALK TALK THERAPY because you believe it may be helpful to your own personal growth and development. You are not participating in WALK TALK THERAPY because of pressure from anyone else. I take full responsibility for communicating and maintaining my personal boundaries and acknowledge that I am not a personal trainer, medical doctor, nurse nor nutritionist.

You acknowledge that participation in WALK TALK THERAPY involves both known and unanticipated risks that could result in physical or emotional injury or damage to yourself or others. You understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of WALK TALK THERAPY. These risks include but are not limited to: emotional stress or trauma, strenuous and vigorous physical, mental and intellectual activity; the possibility of slips, falls, bruises, sprains, lacerations, fractures, animal bites or bee stings, concussions or even more severe life threatening hazards, including death.

Couples Counseling

If you are receiving therapeutic services with Tammie Rosenbloom, MSW, LICSW at Walk Talk Therapy, LLC for Couples Counseling, your client record is defined and maintained in an original manner due to the fact that insurance companies do not pay for Couples Counseling services. Maintenance of your client record in this way is in accordance with the Board of Social Work code of ethics.

Client shall be informed that the definition of “client” within the specific context of Couples Counseling is the relationship between the couple or family. In other words, each individual within the couple is not treated separately, but the couple as a unit is treated together. Therefore all records of your treatment may include full identifying information for both individuals such as name and date of birth. This definition of client applies to files, paperwork, and all other paper/electronic records pertaining to your services with me here.

Due to the relational nature of therapy work with couples, there are additional limits to your confidentiality. It is my policy that both individuals comprising the “client” couple must provide written consent for authorization of records pertaining to their Couples Counseling, at the beginning of treatment. The clinical rationale for this requirement is because, again, I am treating the relationship as the client rather than any one individual thus both individuals are consenting to treatment with this understanding that all information disclosed is shared information and will be kept as part of their “client” record.

In the event that either individual within the couple requests records or if a third party requests records, the entire file will be disclosed since both names are on the file. The exclusion to this requirement for written authorization of records is if either/both individuals are also receiving individual therapy services, in which case neither party is required to give written authorization in advance for access to their individual treatment records.

You should be aware that information revealed in individual sessions that is part of a couples counseling, when Tammie deems it relevant to couples counseling, cannot be seen as a secret that Tammie will keep from the couple. The priority is to effectively serve the couple being treated. Tammie will use her best clinical judgment as to whether, when, and to what extent she will make disclosures to the couple, and will also, if appropriate first give the individual the opportunity to make the disclosure. Tammie will help the individual decide how to most usefully provide the information to appropriate others. If you feel it necessary to talk about matters to you absolutely want to be shared with no one, Tammie recommends that you consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow Tammie to continue to treat the couple by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the couple being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple. If Tammie is not free to exercise her clinical judgment regarding the need to bring this information to the couple during therapy, she might be placed in a situation where she will have to terminate treatment of the couple. This policy is intended to prevent the need for such a termination. The exception to this “No secrets” policy is in the case of reported domestic violence/abuse.

Contacting Me

You may contact me by telephone, email or mailing address. I monitor my voicemail weekly and make every effort to return you call as quickly as possible, however it is a non-urgent voicemail. If you are a DBT or EXRP client, you will have a coaching number to reach me at. Please always leave your telephone number in your message to make it easier to respond to you.

If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if necessary. I am aware that electronic means of communication such as cell phones, emails and texts are not confidential.

Emergencies

Upon our first meeting I will provide you with a list of crisis numbers if you should need them. Do not leave me a voicemail if it is an emergency as I may not get your call that day. Please do

not email me for emergency purposes. If you are a DBT client you will have specific guidelines around emergencies that we will cover in our session. If you are unable to reach me, call 911, the Crisis Connection at 612.379.6363, or go to your nearest hospital.

Business Policies

Professional Fees: My fee for a Diagnostic Assessment (45-60 minutes) is \$230.00.

My fee for a returning session is \$180.00 (45-60 minutes). I charge \$180.00 for couples therapy sessions, insurance does not pay for couples therapy. Insurance companies do not cover anything longer than 60 minutes or home visits. In addition to these appointments, I charge \$250.00 for other professional services you may need, though I will break down the hourly cost if I work for periods less than one hour. Other professional services may include telephone consultations lasting longer than 15 minutes (not including coaching calls), attendance at meetings, preparing/sending written documents with other professionals you have authorized, and copying and sending records. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$500 per hour for preparation and attendance of any legal proceeding. I also charge for transportation costs.

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have an insurance coverage which requires another arrangement that we have agreed upon. If the latter is the case, you will be expected to pay any co-pay, deductible payment and/or coinsurance at the time of the session. Payment scheduled for other professional services will be agreed to when they are requested. Payment can be made by cash, check, HSA/FSA or credit card and a receipt will be given.

Health Insurance Reimbursement

I am an "In-Network Provider" and a "Out-Of- Network Provider" for some health insurance companies. You will be responsible for knowing your health coverage benefits and are responsible for full payment of my fees. It is your responsibility to be familiar with the terms of your policy and to inform me of any changes with your policy. I agree to notify you immediately if my insurance changes or is terminated. Tammie uses an outside billing company to process payments. If your account is unpaid past 60 days it may be sent to collections. Any fees incurred during the collection process will be added to your balance.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems. All diagnoses come from a book titled the DSM-V. There is a copy in my office and I will be glad to let you see it and learn more about your diagnosis, if applicable.) Sometimes I have to provide additional clinical information such as treatment plans or

summaries, or entire record (in rare cases). This information will become part of the insurance company files and may be stored on a computer. Though insurance companies claim to keep such information confidential, I have no control over what they do with it. By signing this you are agreeing that I can provide requested information to your carrier. My provider may bill the insurance company as a courtesy to me, and I may subsequently receive notice from the insurance company that all or part of these charges is considered by them to be “uncovered services” (deductibles, co- payments, co-insurance, etc.).

However, I understand and acknowledge in advance that I am seeking these services knowing that they may not be covered. I agree to cover the full cost, less any insurance payment. I know that these or similar services may be covered by my insurance company, or covered at a higher rate, if I use providers within my network. I understand that it is my responsibility to know my insurance plan and that I am responsible for knowing what and how much my insurance carrier will cover.

I agree to notify Tammie immediately if my insurance changes or is terminated. I will also update Tammie immediately regarding any changes of address or telephone number. I understand that I am expected to attend all scheduled appointments or cancel them with 24hour notice. If I do not do this, I understand that I may be charged a “no show” or “late cancel” fee (the fee does not apply to MA, Medicare clients).

Cancellation/Missed Appointment Policy

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 BUSINESS HOURS ADVANCE NOTICE of CANCELLATION. You will be charged my full fee of \$180.00 for appointments cancelled less than 24 hours notice (Late Cancel) or for appointments that you did not show up for (No Show). Insurance will not pay for Late Cancels or No Shows. If you feel that your need to cancel has extenuating circumstances, feel free to discuss the matter with me. You will be expected to pay the charge before or at the time of our next appointment in order to maintain future appointments with me (this excludes MA clients).

Professional Records

I am required to keep appropriate records for the psychological services that I provide. Your records are maintained in a locked location. I keep brief records that you were here, reasons for seeking therapy, goals and progress, diagnosis, topics we discuss, your medical history, and records I have received from other providers. Records are required to be kept for 7 years mandated by Minnesota law.

Client Rights

Confidentiality: Your privacy and confidentiality will be strictly maintained. My policies about confidentiality, as well as other information about your privacy rights, are fully described in a

separate document entitled Notice of Privacy Policies. You have been provided a copy of that document and we have discussed those issues. Limits to when I cannot protect your confidentiality is when:

- You are a danger to yourself or someone else
- Supervision/Consultation
- Child abuse or neglect/Vulnerable adult abuse or neglect
- You are a minor
- Abuse from another health care worker
- Court Order

Social Media Policy

Below is outlined how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur on the Internet.

- **Friending:** I do not accept friend or contact requests from current or former clients on any social networking sites (Facebook, Instagram, LinkedIn, etc).
- **Liking:** Walk Talk Therapy has a Facebook Page and Instagram page which allows our professional practice to share posts and practice updates with other Facebook users. You are welcome to view the Walk Talk Therapy Facebook Page or our Instagram page and read or share articles posted there. We want you to be aware that liking these pages creates a greater likelihood of compromising your confidentiality. You would be doing this at your own risk and wishes and we are not requiring you to be involved with any of our social media.
- **Interacting:** Please do not use messaging on Social Networking sites such as Facebook, Instagram or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. If you use Wall postings, @replies, or other means of engaging with me in public online you understand this could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone.
- **Business Review Sites:** You may find my practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client. Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of

these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you.

Telemedicine Services

Because of COVID-19 or people living in rural areas we may do teletherapy sessions. I use HIPPA compliant platforms however, there are potential risks and benefits from videoconferencing that differ from in person sessions. Confidentiality still applies for teletherapy, and no one will record the session without permission from everyone. We will agree on the platform to use and I will explain how to use it. You will need a laptop or smart phone, and its important to have secure internet connection.

The same fees and cancellation policies apply, as do the same emergency procedures. We will have a backup plan, I will give you other platforms I use in case one isn't working or phone sessions can be backups. You want to contact your insurance company to ensure they reimburse teletherapy, you will be responsible if they don't. Parents have to give permission to teletherapy if you are a minor. As your therapist, I may determine that due to certain circumstances, teletherapy is no longer appropriate and should resume in person sessions.

Possible Risks: As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g., poor sound or image quality) to allow for appropriate decision-making by the healthcare provider.
- Delays or disruption could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.

For Parents

In order to protect the safety and confidentiality of your child's therapy environment, it is essential that they feel free to speak openly with their therapist without fear of their statements being disclosed. The therapists office is to serve as a safe harbor for your child. Therefore, any information shared to other providers will kept confidential, and any information with the exception of their safety will be kept confidential. Neither parent shall, nor will either parent permit his or her attorney to subpoena the information contained in their file, or to subpoena the child's therapist for purposes of litigation related to custody, separation or divorce. I understand this agreement is made in the best interest of the child to have a confidential and safe place to talk about their feelings

COVID-19

Decision to Meet Face-to-Face We have agreed to meet in person for some or all future sessions. If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we meet via telehealth. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we return to telehealth for everyone's well-being. If you decide at any time that you would feel safer staying with, or returning to, telehealth services, I will respect that decision, as long as it is feasible and clinically appropriate.

Reimbursement for telehealth services, however, is also determined by the insurance companies and applicable law, so that is an issue we may also need to discuss. **Risks of Opting for In-Person Services** You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Tammie Rosenbloom/Walk Talk Therapy LLC can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Tammie Rosenbloom or Minnetonka Counseling staff, and other clients and their families.

I voluntarily seek services provided by Tammie Rosenbloom and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread during my appointment. **Your Responsibility to Minimize Your Exposure** To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, [my other staff] and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement.

Signing this document indicates that you understand and agree to these actions:

- You will only keep your in-person appointment if you/someone at home are symptom free.
- You will take your temperature before coming to each appointment, we may take it here. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus (cough, runny nose, sore throat, body aches, chills, loss of smell or taste, severe headache, you agree to cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee.

- You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time. You will text your therapist when you get to the tables by bathroom
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit.
- You will wear a mask in all areas of the office (I [and my staff] will too).
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me [or staff].
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols.
- You will take steps between appointments to minimize your exposure to COVID.
- If you have a job that exposes you to other people who are infected, you will immediately let me [and my staff] know and we will decide if in person is safe.
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me [and my staff] know.
- If a resident of your home tests positive for the infection, or anyone you have been around you will immediately let me [and my staff] know and we will then [begin] resume treatment via telehealth.
- If you or someone at home has been on an airplane or cruise ship or a heavily infected area you will stay home for 14 days and we will resume teletherapy.

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes. My Commitment to Minimize Exposure My practice has taken steps to reduce the risk of spreading the coronavirus within the office as recommended by the CDC, and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

If You or I Are Sick You understand that I am committed to keeping you, me, my staff and all of our families safe from the spread of this virus. If you show up for an appointment and I or my office staff believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate. If I or my staff test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

Grievance Procedure

If you are dissatisfied with the services you receive, I encourage you to discuss the concerns with me. If you do not feel comfortable sharing your concerns with me, please contact the Minnesota Board of Social Work by mail at 2829 University Ave SE, Suite 340, Minneapolis, MN 55414, or phone 612.617.2100.

Firearm Policy

I understand that Tammie Rosenbloom MSW, LICSW, Walk Talk Therapy LLC bans guns in these premises. I agree that I will not bring a gun into 12301 Whitewater Dr Suite #30 Minnetonka, MN 55343.

Client Responsibilities

- Psychotherapy calls for an active effort on your part. In order for the therapy to be successful, you will need to work on the things we talk about both during our sessions and outside of them.
- You are responsible for giving accurate and complete information that will enable me to assess your situation and problem.
- You are responsible for honoring your financial agreement with me. Please remember we can reopen any of these conversations at any time during our work together.

I agree to communicate via e-mail and text messaging with Tammie Rosenbloom on matters related to my health and /or my medical treatment. You may decline this by communicating this to me.

I understand that any Confidential Health Information that I send to the practice is not secure and is sent at my own risk. I will not hold the practice, nor any of its workforce members, liable for loss of any confidentiality associated with information transmitted via e-mail or texts. I also understand that it is not the policy of the practice to encrypt any Confidential Health Information I request to be sent to me via e-mail. Because this information is not encrypted I understand that it is not secure. I acknowledge this risk and will not hold the practice or any of its workforce members liable for any loss of confidentiality associated with such transmissions.

Consent to Psychotherapy

Your signature below indicates that you have read this agreement and Notice of Privacy Practices and agree to abide by its terms during our professional relationship. I will provide you a copy of this form if you wish.

Client Signature

Date

Client Signature

Date

Parent/Guardian Signature

Date

Tammie Rosenbloom MSW, LICSW

Date