

# JANE McCAMPBELL COUNSELING SERVICES, LLC

---

7975 Stone Creek Drive #130, Chanhassen, MN 55317 ▪ 4005 West 65<sup>th</sup> Street #210, Edina, MN 55435  
Phone: 612.414.0383 ▪ Email: JaneMcCampbell@comcast.net ▪ Web: JaneMcCampbellCounseling.com

## CLIENT RIGHTS AND RESPONSIBILITIES

### CLIENT BILL OF RIGHTS

Consumers of marriage and family therapy services offered by marriage and family therapists licensed by the State of Minnesota have the right:

- To expect that a therapist has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board of Marriage and Family Therapy which contain the credentials of a therapist;
- To obtain a copy of the code of ethics from the Board of Marriage and Family Therapy, 2829 University Avenue SE, Suite 330, Minneapolis, Minnesota 55414-3222;
- To report complaints to the Board of Marriage and Family Therapy by calling (612) 617-2220;
- To be informed of the cost of professional service before receiving services;
- To privacy as defined by rule and law;
- To be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
- To have access to their records as provided in Minnesota Statutes, section 144.335, subdivision 2; and
- To be free from exploitation for the benefit or advantage of a therapist.

### FEES AND PAYMENT

- My standard fee is \$95.00 per 50-minute session or \$130 per 80-minute session. I also offer a sliding discount rate for full time students and clients with lower incomes. If this applies to you, please discuss your situation with me.
- The agreed fee for each session is \_\_\_\_\_.
- You are responsible to provide payment at *each session* in the form of cash or check. Checks are to be made payable to Jane McCampbell.
- I do not work with any specific insurance companies, although depending upon your coverage, your carrier may reimburse you for services on an out-of-network basis. You will be responsible for making payment and seeking reimbursement from your insurance company.
- Please let me know if you would like to receive regular statements of your payments for passing on to insurance companies or for use with HSA or FSA arrangements.

### APPOINTMENTS AND CANCELLATIONS

- Your appointment time is reserved for you and you are responsible for keeping it.
- **If you need to cancel your appointment, you MUST notify me a minimum of 24 hours in advance of your appointment time.**
- If this is not possible, please contact me as soon as you possibly can to let me know.
- Missed appointments or cancellations with less than 24 hours notice will be charged at the full rate for the session. These charges cannot be billed to your insurance company, your FSA or HSA.

I have read and understand the fees, payment and cancellation policies.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## CONTACTING ME

I can be contacted directly on **612 414 0383**. When I am with clients or away from the office, my phone typically rolls straight to voicemail, which I check regularly. Please leave a message and I will call you back as soon as I can.

## EMERGENCY PROCEDURES

If you are in an emergency situation and cannot reach me, please contact one of the following:

**For life threatening emergencies:** call **911** or visit your nearest hospital emergency room

For other concerns:

Crisis Connection 612 379 6363

Hennepin County Crisis Intervention 612 873 3161

St Paul/Ramsey Crisis Intervention 651 221 8922

Suicide Hotline 612 873 2222

My website, [www.JaneMcC CampbellCounseling.com](http://www.JaneMcC CampbellCounseling.com), also has a number of useful links.

## CONFIDENTIALITY

In general, the law protects the privacy of all communication between a client and a therapist. I may only release information about your treatment to others if you sign a written authorization form. You can revoke any such authorizations at any time in writing. However, in the following situations your authorization is not required for me to release information:

- 1) Therapist's duty to warn another in the case of potential suicide, homicide or threat of imminent, serious harm to another individual.
- 2) Therapist's duty to report suspicion of abuse or neglect of children or vulnerable adults.
- 3) Therapist's duty to report prenatal exposure to cocaine, heroin, phencyclidine, methamphetamine, amphetamine or their derivatives, THC, and excesses and habitual use of alcohol.
- 4) Therapist's duty to report the misconduct of mental health or health care professionals.
- 5) Therapist's duty to provide a spouse or parent of a deceased client access to their child or spouse's records.
- 6) Therapist's duty to provide parents of minor children access to their child's records. Minor clients can request, in writing, that particular information not be disclosed to parents. Such a request should be discussed with the therapist.
- 7) Therapist's duty to release records if court-ordered.
- 8) Therapist's obligations to contracts (e.g. to an insurance carrier or health plan.)

Periodically I consult with a small number of licensed professionals to ensure that I am offering the best services to my clients. All of the professionals with whom I consult are bound by the same rules of confidentiality, and I take great care to protect the identity of my clients. Dr Catherine Lally, PhD, LMFT, MA, LP is a state-approved Marriage and Family Therapy supervisor and provides the majority of my supervision/consultation. She can be contacted on 651 271 1713 or via email at [ctlally@juno.com](mailto:ctlally@juno.com).

**Jane McC Campbell Counseling Services, LLC** operates as a sole proprietor, limited liability company. While I share office space with other professionals, I am completely independent of their services, and am fully responsible for the services that I provide to you. Please read this document carefully and discuss any questions you may have with me. When you sign, you will be stating that I provided you with this information and it will represent an agreement between us.

I have read and understand the information above.

Client/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Jane L. McC Campbell, MA, LAMFT \_\_\_\_\_ Date \_\_\_\_\_