

JANE McCAMPBELL COUNSELING SERVICES, LLC

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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. 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. You will need to confirm your agreement with the Sliding Scale Policy.
- 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.
- If on two consecutive sessions you fail to make payment on the day of the session, you will be required in future to pre-pay by credit card or to pay in cash at the *start* of the session. If you fail to make timely payment more than five times over the course of your therapy, your therapy contract may be revoked.
- 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 full 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.
- **Cancellations must be received at least 1 business day in advance of your appointment time** (meaning that cancellations for Monday must be received during business hours on Friday). Late cancellations or failure to show for a session will incur the full \$95.00 fee.
- Two consecutive late cancellations or no-shows will require all future sessions to be pre-paid at the time of booking.
- Late cancellation and no-show charges cannot be billed to your insurance company, your FSA or HSA.

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. See over the page for emergency procedures.

Please turn this page over and read the information given on the reverse.

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

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, also has a number of useful links.

Please note that as a solo practitioner, I do not have an after-hours service or coverage during vacations and holidays. When clients go through periods where the level of support required is greater than the resources I can provide, I may require that they seek additional care from another licensed clinician such as a psychiatrist or group therapist. Clients entering therapy whom I deem to require greater support than I can provide will be asked to instead seek therapy from a Rule 29 clinic such as the Associated Clinic of Psychology (612 925 6033) or Nystrom and Associates (952 746-2522).

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 ordered by a judge.
- 8) Therapist’s obligations to contracts (e.g. providing diagnostic information to an insurance carrier or health plan.)

Couples Therapy: Couples should be aware that I cannot reveal information provided during an individual session to the other member of the couple. However, if a situation is disclosed that compromises the effectiveness of the couples therapy (eg: an ongoing affair) I will encourage and coach the discloser to share the information with their partner. If the discloser refuses to do this, I will be ethically required to terminate the therapy contract.

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.

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 _____