



# **Adult Client Information and Consent Handbook**

SGW Psychological Services  
7300 147<sup>th</sup> Street West, Suite 103  
Apple Valley, MN 55124  
T: 651.493.9412  
F: 651.365.1040  
[www.sgwpsych.com](http://www.sgwpsych.com)

Welcome and thank you for considering SGW Psychological Services LLC (“SGW Psychological Services LLC” or “Company”) for your behavioral health needs. This document contains important information about the professional services and business policies of SGW Psychological Services LLC.

### **Behavioral Health Services**

While it may not be easy to seek out behavioral health treatment, doing so may help you to better understand your situation and feelings and move toward resolving your difficulties. All the behavioral health providers contracted by SGW Psychological Services LLC (“Provider(s)”), using their knowledge of human development and behavior, will make observations and suggestions to help you find new ways to approach your situations. It will be important for you to explore your own feelings & thoughts and to try new approaches. You may bring other family members to a counseling session if you feel it would be helpful or if your Provider recommends it. Please speak with your Provider before inviting family or friends to session.

### **Methods for Scheduling or Cancelling Appointments**

Appointments are made or cancelled by logging into the secure client portal located at [sgwpsych.clientsecure.me](https://sgwpsych.clientsecure.me) or by contacting the office via telephone at 651.493.9412. Please sign into the client portal or leave a voicemail via the office telephone number to cancel or reschedule your appointments.

### **Cancellation Policy**

Appointments cancelled within 24 hours of the scheduled start time are considered “late cancellations.” Scheduled virtual or in-person appointments in which you do not show are considered “missed appointments.” In order to avoid fees for missed appointments or late cancellation, let your Provider know at least 24 hours in advance that you need to cancel by voicemail or through the client portal messaging app.

The current missed appointment and late cancellation appointment fee is \$50 for a 30-minute therapy session or \$100 for a 45 or 60-minute session (please note that individuals on Medicare or Medicaid plans cannot be charged this fee). Please be aware that third-party payers such as insurance companies usually do not pay for missed or late-cancelled appointment fees.

Your Provider can waive the missed appointment/late cancellation session fee one time every 6 months. If you have more than 3 missed appointment/late cancellations in 12 months, your Provider can choose to end the therapeutic relationship and give you referrals for other behavioral health providers.

### **Arriving Late to Session**

If you are more than 15 minutes late for your session, your Provider may choose not to see you. If your Provider chooses to see you, and if you use a third-party payer (i.e. insurance company) your session rate fee is based off of the amount of time that you see your Provider in session. If you are late to session, your session may be shorter than your scheduled appointment time (i.e. if you were scheduled for a 60-minute session, but were 15 minutes late, you would still see your Provider for 45 minutes, which bills at a 45-minute session rate). If you are a cash pay client and are late, there is no reduction in session fees or prorated fees. You will be charged the agreed-upon cash pay rate for the scheduled session.

### **Circumstances in which Your Provider Must Cancel**

If your Provider needs to cancel your scheduled appointment, they will try to contact you at least 24 hours in advance of your scheduled session time. In some situations, such as illness, an accident, or death in the family, they are unable to notify you 24 hours in advance of the cancellation, but they will notify you as soon as they are able. Please check your voicemails or secure client portal messages before sessions so that you receive these messages when they are sent.

### **Number of Visits & What to Expect During Early Sessions**

The number of behavioral health sessions you need to meet your treatment goals depends on many factors and will be discussed within the first few sessions. Often, an assessment known as a diagnostic assessment (DA) will be completed during the first session or first couple of sessions. These sessions usually last about 60 minutes. During the DA, your Provider will collect information about your symptoms and background information to gain a diagnostic picture. A DA may not be needed, however, if a DA was completed by another behavioral health professional within the past 6 months. Only one DA will be billed by Providers per calendar year. Please be aware that some insurance carriers will only pay for a set number of DAs per year. You will want to check with your insurance carrier before your first session to make sure the DA and subsequent behavioral health sessions will be covered.

During the therapeutic relationship, you will want to evaluate if your Provider is a good fit for you. Behavioral health treatment involves a large commitment of time, money, and energy. If you have doubts about whether your Provider is the best fit for you, please let your Provider know and they will connect you with referrals for other behavioral health providers. In turn, if your Provider has doubts about whether they are the best fit for you, they will let you know and give you referrals for other behavioral health providers.

## **Length of Visits**

### *Individual Sessions*

Once the DA is completed, most individual therapy sessions will run between 30 to 60 minutes. The average length is 50 minutes. Any therapy session that lasts between 16 to 37 minutes will be coded with a 30-minute therapy session code (90832). Any therapy session that lasts between 38 to 52 minutes will be coded with a 45-minute therapy code (90834). Any therapy session that lasts 53 minutes or longer will be coded with a 60-minute therapy code (90837). If you use a 3<sup>rd</sup> party payer, such as insurance, the session cost is determined by the time code associated with your visit. For individuals who pay out of pocket for sessions, the session will be charged for the amount you and your Provider previously discussed.

### *Group Sessions*

To join a therapy group, you will meet individually with your Provider so both parties can decide if group is a good fit for you. The individual session will be a DA session if a DA was not completed by another behavioral health provider within the past 6 months. If a DA has been completed within the past 6 months, the individual session will be a time for your Provider to get to know you and your history. Please let your Provider know if you completed a DA at another clinic within the past 6 months.

Group therapy sessions last between 60 to 90 minutes. The number of sessions will vary depending on the type of group offered.

### *Testing Sessions*

One 90-minute intake session, billed as a DA, is required to complete the psychological evaluation interview process and to determine if further testing is warranted. At the conclusion of the interview, you will be informed if testing is necessary and, if applicable, of the estimated time length of testing. The amount of time between the testing interview and testing session(s) is based on factors such as whether a prior authorization is needed by your insurance carrier for testing. Prior authorizations can delay testing for more than 3 weeks. Please check whether a prior authorization is needed by your insurance prior to starting the psychological testing process.

## **Payment for Services**

If you use a third-party payer, the reimbursement rate for behavioral health treatment services is generally determined by your insurance carrier and/or your individual insurance plan. Please contact the number on the back of your insurance card before the first session with your Provider to learn about what is covered under your specific plan.

The rates are as follows:

<b>Service</b>	<b>Billing Code</b>	<b>Charge</b>
1-Hour Diagnostic Assessment (Therapy Intake or Testing Interview)	90791	\$350.00
30-Minute Individual Therapy Session	90832	\$185.00
45-Minute Individual Therapy Session	90834	\$225.00
60-Minute Individual Therapy Session	90837	\$300.00
60-Minute Group Therapy Session	90853	\$100.00
Interactive Complexity	90785	\$30.00
1 <sup>st</sup> 60-Minutes of Crisis Session	90839	\$325.00
Each Additional 30-Minutes of Crisis Session	90840	\$200.00
Testing Administration 1 <sup>st</sup> 30 Minutes	96136	\$175.00
Testing Administration Subsequent 30-Minute Increments	96137	\$175.00
Testing Write-Up/Results 1 <sup>st</sup> 60 Minutes	96130	\$300.00
Testing Write-Up/Results Subsequent 60-Minute Increments	96131	\$250.00

Providers at SGW Psychological Services LLC are in network with many insurance carriers, but there are some insurance plans your Provider may not be able to take. If you have an insurance plan your Provider cannot accept, you can discuss a reduced session rate with your Provider. Please be aware that your session fee cannot be reduced if your Provider can accept your insurance plan but you choose not to use your insurance benefits.

Session fees can change with 30 days prior notice to you. If you are unable to pay or are not willing to pay the rates, please notify your Provider prior to your next session. Your Provider can then give you referrals for other competent providers.

You are responsible for payment of all charges. If you use third-party payers, different copayments are required by different group coverage plans. Your copayment is based on the Behavioral Health Policy selected by your employer or purchased by you. In addition, your copayment may be different for the first visit than for follow-up visits. You are responsible for and will pay your copayment portion of your Provider's charges for services. These copayments will automatically bill to whatever credit card you choose within 24 hours of each appointment. You are encouraged to learn more about your copayment by calling the number on the back of your insurance card before your first session with your Provider.

If you do not make payments within 60 days, your account balance is considered "past due." If this occurs, your Provider or SGW Psych billing staff will ask you to set up a payment plan. If your account balance is past due for 90 days or longer, a fee of \$50.00 will be applied. If your account balance remains unpaid after 120 days, your account will be passed to a collection agency.

If disclosure of your records or your Provider's testimony are requested or required by law, regardless of who is responsible for requiring the production or testimony, you will be responsible for and will pay the costs involved in producing the records. You also will be responsible for your

Provider's hourly subpoena service rate (currently \$300/hour), for their travel time to and from the testimony location, for their time reviewing records and preparing to testify, for their waiting time at the location, and for their time giving testimony. Payments are due at the time or prior to the time the services occur.

### **Paperwork Completion Policy**

You may need paperwork completed for third-parties. Examples include short-term disability leave paperwork, social security disability benefits paperwork, medical benefits paperwork, county assistance paperwork, state assistance paperwork, federal assistance paperwork, legal forms, service animal paperwork, and/or emotional support animal paperwork. Your Provider will not consider completing your requested paperwork until they have met with you for at least 3 sessions. This allows for time for the therapeutic relationship to develop, gives your Provider time to learn more about you, and gives them time to make sure they have accurate diagnostic information and a treatment plan. Please be aware that your Provider can choose not to complete your paperwork. Examples of why they may not complete your paperwork include: 1) that they do not believe they are the best person to complete your forms, 2) they cannot answer the questions, 3) they have not done psychological testing to get needed information, and/or 4) they do not support the reason for the form.

### **Confidentiality**

Discussions between you and your Provider are confidential. No information will be released without your written consent unless required or permitted by law. Possible exceptions to confidentiality include: child abuse; abuse of the elderly or disabled; abuse of patients in treatment facilities; sexual exploitation; plans and intent to take one's life; use of alcohol or illicit chemicals while pregnant; AIDS/HIV and other communicable disease infection and possible transmission; court orders; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where your Provider has a duty to disclose, or where, in your Provider's judgment, it is necessary to warn, protect, notify, or disclose; sexual exploitation by a mental health professional or member of the clergy; fee disputes between your Provider and the client; a negligence suit brought by the client against your Provider; the filing of a complaint with a licensing board or other state or federal regulatory authority; to regulatory authorities in connection with their compliance or investigatory responsibilities; to employees or agents of the practice for operational purposes; to a supervisor if your Provider is under supervision and for treatment consultations with other mental health professional when deemed necessary by your Provider.

FOR FURTHER INFORMATION, REVIEW THE NOTICE OF PRIVACY PRACTICES IN CONJUNCTION WITH THIS CLIENT INFORMATION AND CONSENT DOCUMENT.

If you have any questions regarding confidentiality, please bring them to your Provider's attention.

By signing this consent form, you are giving your consent to your Provider to share confidential information with all persons mandated or permitted by law, with the agency that referred you, and with the managed care carrier and/or insurance carrier responsible for providing your behavioral health care services and payment for those services. You are also releasing and holding harmless SGW Psychological Services LLC and its Providers for any departure from your right of confidentiality that may result.

### **Duty to Warn**

If your Provider reasonably believes that you are a physical or emotional danger to yourself or another person, by signing this consent form, you are giving your Provider consent to warn the person in danger and to contact any person in position to prevent harm to yourself or another person. In addition, if you are a Minnesota resident, per MN Statute 624.7171, subdivision 5: “When a mental health professional has a statutory duty to warn another of a client's serious threat of physically violent behavior or determines that a client presents a significant risk of suicide by possessing a firearm, the mental health professional must communicate the threat or risk to the sheriff of the county where the client resides and make a recommendation to the sheriff regarding the client's fitness to possess firearms.”

You agree that you have the right to revoke this consent in writing at any time to the extent your Provider has not taken action on this authorization. You further agree that even if you revoke this authorization, the use and disclosure of your protected health information may still be permitted by law as indicated in the copy of the Notice of Privacy Practices.

You also agree that your Provider has advised you of the potential of the redisclosure of your protected health information by the authorized recipients and that it may not be protected from unauthorized disclosures as required by the federal Privacy Rule.

You further agree that your treatment was conditioned on you providing this authorization.

### **Mandated Reporting**

Minnesota laws require that people who hold certain jobs must report suspected child abuse, suspected neglect of a child, suspected vulnerable adult abuse, or suspected neglect of a vulnerable adult to appropriate authorities. People who hold these jobs are referred to as “Mandated Reporters.” They are usually people who work closely with families and children and have the opportunity to protect children or vulnerable adults from harm. Providers at SGW Psychological Services LLC are Mandated Reporters, which means that they are required by law to break confidentiality and report suspected child abuse, suspected neglect of a child, suspected vulnerable adult abuse, or suspected neglect of a vulnerable adult.

## Risks of Behavioral Health Treatment

Behavioral health treatment comes with risks. One risk is that you may learn things about yourself that you do not like. Often growth cannot occur until you experience and address issues that cause you to feel sadness, sorrow, anxiety, or pain. The success of your behavioral health treatment depends on the quality of the efforts from both you and your Provider, and the understanding and acceptance that you are responsible for lifestyle choices/changes that result from behavioral health treatment. Another risk is that behavioral health treatment may not work. By signing this form, you are giving your consent to have behavioral health treatment despite these risks. SGW Psychological Services LLC and its Providers are not liable for any negative consequences you may have from behavioral health treatment.

## After-Hours Emergencies

SGW Psychological Services LLC and its Providers do not provide 24-hour crisis or emergency behavioral health treatment services. If you have an emergency that requires immediate behavioral health attention, **call 911, call 988, or go to the nearest hospital emergency room** for assistance.

Other helpful crisis numbers include:

Dakota County Crisis Response Unit	952.891.7171	Acute Psychiatric Services (HCMC)	612.873.3161
Carver-Scott County Crisis Line	952.442.7601	National Suicide Prevention Hotline	800.273.8255
MN Crisis Text Line	Text “Home” to 741741	Day One Domestic Violence Shelter Line	866.223.1111
Adult Protection Services	844.880.1574	MN Crime Victim Support Line	866.385.2699

## Domestic Violence

Providers have clients who have experienced domestic violence (DV), which can result in unique ethics and safety issues. If you have experienced DV or are experiencing DV, your Provider may require you to complete forms such as a “safety plan.” If you want additional support beyond what your Provider can give, you can contact 360 Communities Lewis House in Eagan (651.452.7288). They provide DV advocacy services and safe housing. You can also call the emergency shelter support number for Minnesota, Day One, at 866.223.1111. Further, you could contact the National Domestic Violence Hotline at 800.799.7233. If you cannot speak because you are in an unsafe place, you can log onto thehotline.org or text LOVEIS to 22522. **If you are in immediate need of care or your safety is threatened, call 911.**



## **Relationship**

The relationship between you and your Provider is a professional and therapeutic relationship. Your Provider will not have any other types of relationships with you, including personal or business relationships.

If you and your Provider encounter each other in public, your Provider will not address you unless you address them first. This is to maintain your privacy and confidentiality.

Providers do not accept gifts and do not allow for bartering or trading of services.

## **Contacting Providers**

### *Telephone*

The SGW Psychological Services LLC office number is answered by voicemail during business hours when Providers are with clients. All Providers will make reasonable efforts to return your calls within 1 business day (Monday through Thursday). Messages left after regular business hours, on weekends, when your Provider is out of the office, or on holidays will be returned within 1 business day when your Provider returns to the office. If you are hard to reach by phone, let your Provider of times when you will be available.

### *E-Mail and Text Messages*

Your Provider can be contacted by email to schedule or modify appointments. Do not send emails related to your treatment. These issues can be addressed during your next behavioral health session.

Providers at SGW Psychological Services LLC do not use text messages for communication. Do not send text messages to SGW Psychological Services LLC or to your Provider.

By signing this document, you are agreeing that you understand that your electronic communications are retained in your service provider's logs. While it is unlikely that someone will ever look at these logs, they are in theory available to be read by your service provider's system administrator(s).

### *SGW Psychological Services LLC Communications*

Any messages you send through the "Contact" section of [www.sgwpsych.com](http://www.sgwpsych.com) are not secure and you assume the risks of the insecure transmission. Do not send messages through the website related to your treatment. These issues can be addressed during your next behavioral health session.

### *Client Portal*

You can contact your Provider through the private messaging function in the secure client portal. This communication method is more secure than email and can be used to communicate about topics such as scheduling/modifying appointments, getting information about releases of information, and getting information about communication between treatment team members.

Any messages you send to your Provider through email, the client portal, or through the website are stored in your client file.

### **Social Media**

Providers at SGW Psychological Services LLC may have personal social media accounts. Providers will NOT accept/make any friend or contact requests to/from current or former clients on any personal accounts on social media or social networking sites (Facebook, LinkedIn, etc.). This allows your Provider to maintain your privacy and confidentiality and to set boundaries to maintain the therapeutic relationship. If you try to add any Provider to your network, they will “ignore” or “decline” your requests. If you continue to have repeated requests, your Provider can choose to end the therapeutic relationship and give you referrals for other behavioral health providers.

SGW Psychological Services LLC currently has a Facebook site, an Instagram account, and can be found on LinkedIn. SGW Psychological Services LLC may also add other social media accounts in the future. Providers do not expect you to follow SGW Psychological Services on any social media platforms. It is completely your choice whether you want to follow SGW Psychological Services on any social media platforms.

If you choose to follow SGW Psychological Services LLC on any social media platforms, you are taking on the risk that people may know that you are a therapy client at SGW Psychological Services LLC. By signing this document, you are agreeing that you will not hold Providers responsible for any breaches in confidentiality that could occur if you follow SGW Psychological Services LLC on any social media platform. If you do choose to comment or post on anything posted by SGW Psychological Services LLC, you will not share any details of your therapy or even share that you see Providers. You also will not record or take a photo of any part of a therapy session and post it on social media platforms or apps. If you do, your Provider may choose to end the therapeutic relationship and give you referrals for other behavioral health providers.

Providers will not respond to any messages you send through social media platforms.

Some sites such as “Facebook” allow you to tag yourself at locations through your electronic device’s GPS. In addition, some apps require your GPS tracking option to be turned on when you are unaware. It is your responsibility to check your electronic devices’ GPSs before leaving for behavioral health services if you are worried about your privacy and confidentiality. By signing

this document, you agree that you will not hold SGW Psychological Services LLC and Providers responsible for any breaches in confidentiality that may occur because of social media check-ins or your decision to keep your GPS engaged while engaged at SGW Psychological Services LLC.

### *Business Review Sites*

SGW Psychological Services LLC and Providers may appear on sites such as Yelp, Healthgrades, Psychology Today, Google (including Maps), Yahoo, Bing, or other places where businesses are listed. Some sites include forums where you can rate your Provider and add reviews. If you decide to review SGW Psychological Services LLC or Providers on any site, you agree that you are taking on the risk that people may find out that you get behavioral health services from Providers. By signing this document, you are agreeing that you will not hold Providers responsible for any breaches in confidentiality that could occur from business reviews you make. Please also be aware that SGW Psychological Services LLC and Providers will not respond to any reviews.

SGW Psychological Services LLC and Providers follow Principle 5.05 of the American Psychological Association ethics code. This means they do not and will not solicit testimonials or reviews on any websites.

### **Audio and Video Recordings**

By signing this form, you agree that you will not record any parts of your sessions unless you and your Provider agree in writing that the session may be recorded.

### **Provider's Incapacity or Death**

If your Provider is incapacitated or dies, another provider will take possession of your file and records. By signing this consent form, you give consent to allow another behavioral health provider who was selected by your Provider to take possession of your file and records, to give you copies if you request them, or to deliver them to a provider of your choice.

### **Conflicts of Interest**

Providers avoid conflicts of interest when treating minors or adults involved in custody or visitation actions. They will not complete evaluations for custody, residence, or visitation of the minor. Your Provider can choose to give information to the court or to other mental health professionals completing the evaluation if they get permission from you.

### **Legal**

This Agreement shall be construed in accordance with, and governed by, the laws of the State of Minnesota as applied to contracts that are executed and performed entirely in Minnesota or under jurisdiction of PsyPact in a participating PsyPact state. The parties agree to attempt to resolve any dispute, claim, or controversy arising out of or relating to this Agreement by arbitration, which

shall be conducted under the then current arbitration procedures of the American Arbitration Association any other procedure upon which the parties may agree.

The parties further agree that their respective good faith participation in arbitration is a condition precedent to pursuing any other available legal or equitable remedy, including litigation, arbitration or other dispute resolution procedures.

If any legal action or any arbitration or other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, default or misrepresentation in connection with any of the provisions of this Agreement, the successful or prevailing party or parties shall be entitled to recover reasonable attorneys' fees and other costs incurred in that action or proceeding, in addition to any other relief to which it or they may be entitled.

## **Consent to Treatment**

I, voluntarily, agree to receive behavioral health assessment, care, treatment, or services, and authorize SGW Psychological Services LLC and its Providers to deliver such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services, and that I may stop such care, treatment, or services that I receive through SGW Psychological Services LLC at any time.

By signing this Client Information and Consent form, I, the client, acknowledge that I have read, understood, and agreed to be bound by all the terms, conditions, and information it contains. I have been offered the opportunity ask questions and to get clarification of anything that was unclear to me.

I acknowledge that I received a copy of this information and consent form from my Provider on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_