

**ANODYNE RELATIONAL THERAPY, LLC**  
**MICHAEL M. THOMAS, MS, LAMFT**

**PSYCHOTHERAPY SERVICES AGREEMENT WITH MICHAEL M. THOMAS**  
**NOTICE OF POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION**

This document contains important information about our professional services and business policies. It also contains information about our policies and practices to protect the privacy of your health information. Please read it carefully and discuss any questions you may have with me. When you sign this document, you will be stating that I provided you with this information and it will represent an agreement between us.

**PSYCHOTHERAPY SERVICES**

Psychotherapy varies depending on the therapist, the client and the client's particular situations and goals. There are many different methods I may use to deal with your particular situations and goals. In order for therapy to have the best outcome you will have to invest energy in the process and work actively on things we talk about both during and between our sessions.

Psychotherapy can have benefits and risks. The risks may include experiencing uncomfortable feelings like sadness, guilt, anger, anxiety or frustration when discussing aspects of your life. Psychotherapy has been shown to have benefits that can include better relationships, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your situation and needs and we will discuss goals you want to work towards. During this time, we can both decide if I am the best person to provide the services you need. Psychotherapy can involve a significant investment of time, energy and money, so it is important that you select a therapist you are comfortable working with. If at any time you have questions about any aspect of our work together, please discuss them with me. If you decide that you do not want to continue in therapy with me, please tell me if you want me to help you try to find another therapist or other appropriate resources and I will do so.

**SESSIONS**

I schedule 50-minute sessions with clients usually once per week at a time we agree on. If you arrive late for an appointment, we will only be able to meet for the remaining time of our scheduled 50 minutes. Sometimes I will meet more or less than once per week if that is consistent with a treatment plan we both agree to.

If you ever need to cancel a scheduled therapy session, please do so at least 24 hours in advance. If you do not cancel a scheduled appointment with at least 24 hours notice or if you fail to attend a scheduled session, you will be expected to pay the full fee for that session, unless we both agree that you were unable to attend due to circumstances beyond your control.

### **PROFESSIONAL FEES**

My fee is \$90 for each 50-minute session. In addition to our regular sessions, I charge \$90 per hour for other professional services you may need, though I will break down the hourly cost into 15-minute increments if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings or consultations with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other professional service that you may request. 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 complexity and difficulty of legal involvement, I charge \$180 per hour for preparation and attendance at any legal proceeding.

### **BILLING AND PAYMENTS**

You will be expected to pay the full fee at the time of each session unless we agree. I accept payments by check or cash. Payment schedules for other professional services will be agreed to when they are requested.

If you make a payment by check and your check does not clear due to insufficient funds or any other reason, you will be expected to reimburse us in full for any related bank fees that we are charged as a result.

### **CONTACTING ME**

I am often not immediately available by phone because I do not answer the phone when I am in sessions with clients. Calls go to my voicemail when I am unavailable, which I check regularly. I will make every effort to return your call as soon as possible (usually within a few hours and almost always within 24 hours). If you are difficult to reach, please leave times you will be available. If you want me to use discretion when calling you or leaving a message for you, please let me know in advance. At times when I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary.

If you are in an emergency situation, you should either call me and if you get my voicemail, follow the instructions for emergencies, or immediately call the Crisis Connection at (612) 379-6363, the St. Paul Ramsey Crisis Intervention Center at (651) 221-8922, or your local emergency services at 911 or call or go to the nearest hospital emergency room and tell them what is happening. I will get back to you as soon as I possibly can in such situations, but I may not be able to get back to you immediately in all cases. Therefore, if you can't wait for me to return your call because of your situation, or if you do call me and follow my voicemail instructions for emergencies and you do not hear back from me within 5 to 10 minutes, you should immediately call 911 or the nearest emergency room and tell them what is happening.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to examine and/or receive a copy of your records if you request it in writing unless I believe that seeing them would be emotionally damaging, in which case I will send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to people who are not mental health professionals. Therefore, if you want to see your records, I recommend that you review them with me so we can discuss the contents. I reserve the right to charge you for the costs of copying and sending your records if you request them.

### **CONFIDENTIALITY**

In general, the law protects the privacy of all communication between a client and a psychologist. I can 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:

- Therapist's duty to warn another in the case of potential suicide, homicide or threat of imminent, serious harm to another individual.
- Therapist's duty to report suspicion of abuse or neglect of children or vulnerable adults.
- Therapist's duty to report prenatal exposure to cocaine, heroin, phencyclidine, methamphetamine, amphetamine or their derivatives, THC, and excesses and habitual use of alcohol.
- Therapist's duty to report the misconduct of mental health or health care professionals.
- Therapist's duty to provide a spouse or parent of a deceased client access to their child or spouse's records.
- 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.
- Therapist's duty to release records if subpoenaed by the courts.
- Therapist's obligations to contracts (e.g. to employer of client, to an insurance carrier or health plan.)

While I am not an attorney, please discuss any questions or concerns you have about confidentiality with me at any time. If you have specific legal questions about the laws regarding confidentiality, the exceptions, and how it may relate to your situation, please seek formal legal advice from an attorney.

### **OTHER CLIENT RIGHTS**

If you want, I will discuss with you more details about any of the following:

- You have the right to request and receive from me confidential communication of your protected health information by alternate means or at alternative locations. For example, you can request that I send any correspondences to an address other than your home address if you don't want a family member to know that you are in therapy with me.
- You have the right to request that I change information in your record. I require such requests in writing along with your reasons for your requested changes. I may deny your request.
- You generally have the right to receive an accounting of any disclosures I have made of your protected health information, which did not require your authorization. If you want, I will discuss with you more details about this process.

**PROCESS FOR ADDRESSING CONCERNS**

If you have questions or complaints about any aspect of treatment, I encourage you to discuss your concern with me so that we can resolve it together. If this does not resolve your concern, however, you may contact my supervisor, Noel Larson, at 651-642-9317.

**CONCLUSION**

I reserve the right to change the policies, practices and procedures described in this document. I will notify you in writing of any significant changes. By signing the attached form you are indicating that you have received and read the information in this document, you have discussed the contents with me to your satisfaction, and you agree to abide by its terms during the course of our professional relationship.