Erin Shobe, M.A., LMFT, RPT-S Molly Nepote, M.A., LAMFT Melissa Tyler, M.A., LMFT Alison Yang, B.A., MFT Intern

Introduction

Welcome to Minnesota Counseling and Therapy Center. Please read through this introductory letter prior to beginning therapy.

Treatment Process

In the first session, you will complete introductory paperwork and meet with Erin, Molly, Melissa, or Alison. This is a time to get to know your therapist better as well as express your concerns about why you/your child are seeking counseling. Your therapist will have questions regarding your family's history. You and your therapist will develop a treatment plan based upon the concerns for yourself/your child within the first two sessions. Frequency of sessions will be based on your/your child's individual assessment. Please talk as openly as possible about the concerns for yourself/your child so that we can better assist you in developing or adjusting your/your child's treatment plan.

Benefits and Risks of Therapy

Benefits of therapy may include, but are not limited to: temporary relief or complete cessation of symptomology, increased understanding of self and/or others, acquirement of effective coping strategies, and various others.

Risks of therapy may include, but are not limited to: worsening of symptomology, emotional discomfort and various others.

As with any treatment (i.e. medical, mental, alternative, etc), there is not a guarantee of effectiveness, nor a guarantee that symptoms will not worsen. Due to the nature of psychotherapy, many difficult topics are brought up and explored, often resulting in increased symptomology or intensity of emotions. The majority of clients experience a brief increase in symptomology followed by relief and often a cessation of symptoms altogether. If you have questions or concerns regarding the risks, benefits, or alternatives to therapy, please ask your clinician.

Your Clinicians

Erin Shobe is a Licensed Marriage and Family Therapist, a Registered Play Therapist, and a Certified PREPARE/ENRICH counselor. Erin has extensive practice working individually with children, adolescents, and adults, as well as couples and family counseling. Erin's responsibilities to you/your child include providing responsible and quality counseling services. This includes treating you/your child with respect, maintaining confidentiality (see below), and informing you of your/your child's diagnosis and treatment options. Information about treatment options includes discussion of potential risks and benefits associated with counseling. To meet these responsibilities, Erin may consult with other clinicians.

140 West 98th St. Suite 105 Bloomington, MN 55420 Phone: 612.849.4792 Fax: 612.677.3722 E-mail: <u>admin@minnesota-therapy.com</u> www.minnesota-therapy.com

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Molly Nepote is a Licensed Associate Marriage and Family Therapists, a PREPARE/ENRICH counselor and has her Master's in Marriage and Family Therapy. She is currently working towards full licensure. She has worked individually with children, adolescents, and adults, as well as couples and family counseling. Molly's responsibilities to you/your child include providing responsible and quality counseling services under the supervision of Erin. This includes treating you/your child with respect, maintaining confidentiality, and informing you of your/your child's diagnosis and treatment options. Information about treatment options includes discuss of potential risks and benefits associate with counseling. To meet these responsibilities, Molly may consult with Erin or other clinicians.

Melissa Tyler is a Licensed Marriage and Family Therapist, a PREPARE/ENRICH counselor and has her Master's in Marriage and Family Therapy. She has worked with couples and individuals of various ages, and is gaining experience working with families. Melissa's responsibilities to you/your child include providing responsible and quality counseling services under the supervision of Erin. This includes treating you/your child with respect, maintaining confidentiality, and informing you of your/your child's diagnosis and treatment options. Information about treatment options includes discuss of potential risks and benefits associate with counseling. To meet these responsibilities, Melissa may consult with Erin or other clinicians.

Alison Yang is a Marriage and Family Therapy Intern, a PREPARE/ENRICH counselor and is working towards her Master's in Marriage and Family Therapy.

Confidentiality

Minnesota Counseling and Therapy Center takes seriously the responsibility to hold in confidence what is discussed in counseling. Written permission is required to release any information to another agency or to receive any information from another agency. The exceptions to this policy occur when your clinician has concerns about possible elder or child abuse/neglect, when we receive a subpoena of records, or when we believe there is a serious threat of self-harm or harm to others. Clinicians are required by law to notify appropriate persons/agencies under these circumstances.

Client Responsibilities

It is the client's responsibility to track their own appointments. Our system does not provide email or phone reminders. Please call at least 24 hours prior to your scheduled appointment if you need to reschedule. Clients will be billed the regular session fee for failure to show up for a scheduled appointment or cancel within 24 hours prior to the appointment. Insurance companies do not reimburse for missed appointments.

Contact Information

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Because Minnesota Counseling and Therapy Center does not have a full-time receptionist, no one may be available directly when you call. Please leave a message and someone will call you back before the end of the following work day. If you are calling after hours or there is no answer and you are in a situation that requires immediate attention, contact Crisis Connection at (612) 379-6363 or call 911.

Fee Policy

As a courtesy, Minnesota Counseling and Therapy Center will submit your insurance claim to your insurance company through Great Lakes Medical Billing. It is your responsibility to verify your insurance benefits with your insurance company and request any precertification your insurance company may require **prior** to your first appointment. Failure to do so may result in you having to pay the out-of-pocket fee. Contact the number on the back of your insurance card to inquire about your outpatient mental health benefits (including co-pays and deductibles) and to determine if Erin Shobe/Minnesota Counseling and Therapy Center is within your network. Any amount that your insurance company will not be paying (co-payments/deductibles) is your responsibility. Please discuss openly if you feel there may be difficulty meeting these financial obligations. You are responsible for providing this office with copies of your insurance cards or with any changes with your insurance or coverage. Failure to do so may result in denial of your claim. If you choose to not use insurance, fees for service will be addressed on a case by case basis with the therapist.

Fees that are not covered by insurance and will be your responsibility are as follows:

- 1. Progress Report/Court Report writing \$140/hour
- 2. Requested or Subpoenaed Court Appearances/Testimony \$185/hour including travel time.
- 3. Sliding Scale Fees (for clients without insurance coverage or who would prefer to pay out of pocket for their therapeutic services):
 - Erin Shobe, M.A., LMFT, RPT-S: \$125.00-\$175.00/session
 - Molly Nepote, M.A., LAMFT: \$75.00-\$125.00/session
 - Melissa Tyler, M.A., LAMFT: \$75.00-\$125.00/session
 - Alison Yang, B.A., MHP: \$35.00/session

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Important Notices

- 1. Please have your payment ready at the beginning of your session. Cash or check is accepted. There will be a \$30.00 fee for all returned checks.
- 2. A therapy session is normally **45-50** minutes. We bill for a **60** minute session (**90837/47**) to include scheduling time, clean up for kiddos (if applicable), and progress notes.
- 3. A **24-Hour Cancellation** is required, otherwise a \$50.00 fee will be charged. Insurance companies do not reimburse for missed appointments.

I have read and agree to the information stated in this form.

Client Name (Printed)		
Client Signature	Date	

Client Representative Signature _____