

# **Psychotherapy Services and Business Policies**

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Welcome to my practice. This document contains important information about my psychotherapy services and business policies. I will also be providing you with a separate document that details the Health Insurance Portability and Accountability Act (HIPAA), which provides privacy protection and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). This law requires that I obtain your signature indicating that I have provided you with this information. Please read both of these documents and we can discuss any questions you might have.

## PSYCHOTHERAPY AND PARENT SUPPORT SERVICES

Psychotherapy is an active, collaborative process between client and therapist that involves identifying concerns, setting goals, and working toward solutions using a variety of methods. The personality and relational style of the client and of the therapist, and also the specific concerns addressed in therapy, are what make each therapy experience unique. While much can be accomplished during sessions, continued work and reflection between sessions is essential for optimal outcomes.

Psychotherapy can have risks as well as benefits. It often leads to better relationships, solutions to specific problems, and reductions in feelings of distress. However, because therapy sometimes involves discussing unpleasant aspects of your life and may involve reconsidering deeply held assumptions and beliefs, you may, at times, experience feelings of fear, sadness, guilt, anger, frustration, loneliness, helplessness, or other feelings. There is no way to predict exactly what your experience will be in this regard, as everyone is unique.

Our first session or two will involve an evaluation of your needs. At the end of the first or second session, I will offer you some first impressions of what our work together might include and also a plan for treatment if you decide to continue seeing me. During this time, it is important for you to evaluate your comfort working with me. Trust and rapport are essential for successful treatment. Therapy requires a significant commitment of time, money, and energy. It is important that we discuss whatever is necessary to make that commitment as successful as possible.

# **SESSIONS**

If you decide to see me for therapy, sessions are generally 55-minutes in length. Occasionally, especially for family therapy, we may mutually decide that a longer session is desirable. In that case, the fee is prorated for the length of time that is scheduled.

#### **FEES**

My fee for an intake session is \$180. My fee for all other 55-minute sessions is \$140. I will inform you whenever I raise my fees. I also accept a portion of clients through Open Path Collective for a reduced rate from \$40-\$70 per session. (Open Path clients choose what they are able to pay for therapy appointments.)

Every client receiving services shall be responsible for the full payment at the time of services. I accept cash, check, credit/debit card, and HSA card. I use a HIPAA-compliant app called IvyPay to charge client credit cards (which are stored on the app without my seeing the credit card numbers) for each session. By signing the consent paperwork, you are authorizing me to charge your credit card for each scheduled appointment.

If at any time you find there are any problems regarding fee payment, or you need to make arrangements for a payment plan, I will be glad to speak to you regarding your concern. I impose a finance charge of one and one-half percent (1.5%) per month on all past due accounts. I apply payments to the oldest balance first. No finance charge will be assessed against any billing for services until the charge for such services remains unpaid for 60 days.

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## **CANCELLATION POLICY**

A large part of what makes counseling helpful is our ability to work together and commit to the process. If you are unable to attend the session, I appreciate advance notice so that I might give someone else the opportunity to use the time that I set aside for you. If you miss an appointment and/or do not cancel at least 24 hours in advance, you will be charged half of the full session fee. Of course, if you are suddenly sick/contagious, I will be reasonable and may not charge you for missing an appointment due to illness. I would rather you cancel our appointment than contaminate myself and others with sickness and germs.

In the case of mild illness or inclement weather, I offer virtual appointments in place of in-person appointments. I am unlikely to cancel appointments for winter weather; instead, I will offer tele-health, which will be charged at the same rate as in-person appointments.

If you are running late, in most cases this will result in a shortened session and I will not be able to make up the time. You will still be charged for the full 55-minute appointment.

# **INSURANCE AND EAP**

I am not currently accepting insurance for psychotherapy services. I am NOT an in-network provider. This means you will be personally responsible to pay for services provided. There are benefits and drawbacks of this method, which I am happy to discuss. If you wish to select an alternative provider who accepts your insurance plan, I understand. There is a possibility that I will apply to insurance plans in the future.

While I do not accept insurance for payment, some people who work with me choose to use their health insurance "out-of-network" benefits to help cover the costs of therapy. If you choose to use out-of-network benefits, I am glad to provide you with a receipt ("superbill") for my services, which you can then submit to your health insurance company. I highly recommend calling the number on the back of your insurance card and asking them about Out-of-network (OON) mental health benefits, as each company does things a little differently and some don't offer this benefit at all. OON reimbursement is solely your responsibility and I do not guarantee any reimbursement nor deal directly with insurance companies.

I am contracted with an Employee Assistance Program through Spring Health. If you are employed by a company that offers this benefit, please discuss this with me or contact a Care Manager through Spring Health.

#### MINORS AND PARENTS

Clients who are under 18 years of age and their parents should be aware that the law might allow the parents to have information about the minor that would be considered confidential for an adult. Generally, speaking, I ask that parents give up this access. If they agree, I will provide them with general information about their minor's progress and attendance at sessions, unless I feel that the minor is in danger or is a danger to others. I will discuss this with the minor and, if possible, communicate this to the parents with the minor's cooperation.

#### CONSULTATION

In order to provide you the best possible service, I seek consultation from colleagues regarding my practice. If I discuss your situation verbally, I will not provide any information that could identify you.

If you are receiving services from other health care professionals, I may want to routinely confer with them about your assessment, counseling plan, and progress for the purpose of coordinating your services. I will not provide any of this information without your written authorization, either directly to me or directly to the provider asking for the information.

#### YOUR RECORDS

Per Minnesota law, I am obliged to keep your record of our work together for 7 years following our last session or, if you are a minor, for 7 years past your 18<sup>th</sup> birthday, whichever is later.

#### CONTACTING ME

I am generally available to respond to voice, text and email messages between the hours of 8:00am and 8:00pm, Monday through Friday. I check my messages regularly throughout the day, and periodically in the evenings or on weekends. Although I am not immediately available when I am out of the office or I am in a meeting, I will do my best to respond to you within 24 hours, with the exception of weekends, holidays, and when I am out of town. At those times, I will respond at my earliest opportunity. My email will indicate when I am out of the office for an extended period of time and when I cannot check regularly for messages. I may not be available when you are in crisis. See "In Case of Emergency" below.

# MY SCHEDULE

I currently have limited appointments times throughout the week, with occasional evening and weekend times. I am on occasion away for one or two weeks.

## IN CASE OF EMERGENCY

Should you feel that your situation requires immediate attention, or if you feel that you are in a crisis and need to talk to me immediately at night, during the weekend, or over a holiday, and I am not immediately available, please call your personal physician, a professional whom you and I have designated as a backup person for you, 911, or one of the following services: Hennepin County Crisis Connection (612) 379-6363; Hennepin County Crisis Services (612) 348-2233; Ramsey County Crisis Line (651) 643-3006, or the Suicide Prevention Center (612) 347-2222.

# UNEXPECTED INCAPACITATION OR DEATH OF THERAPIST

If I were to become incapacitated any time before your record has been destroyed, I have asked a colleague to take responsibility for contacting you; if appropriate, helping you find a way to continue your treatment; and, if I am unable to do so, keeping your record until it can be destroyed.