

Service Agreement

Intellect LLC

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Welcome to Intellect LLC. This document outlines some policies and guidelines I follow in my practice. Please make sure you read through this entire document and understand the terms. I welcome any questions from you at *any time*. I understand the paperwork portion is long and tedious but this will help me understand how best to serve you and help you know what to expect from me as your therapist.

Limits of confidentiality

Trust is an important aspect of the therapeutic relationship. Your confidentiality is my utmost concern for maintaining this trust. However, there are times when I am legally and ethically required to break confidentiality. In such circumstances, I disclose the least amount of information necessary to meet my legal and ethical guidelines.

We are mandated reporters to the appropriate or legal authorities for the following circumstances:

- 1) You sign a written Release of Information to share specific information.
- 2) You may harm yourself- If a plan for suicide is disclosed or implied, includes notifying family or legal authorities.
- 3) I believe a child or elderly adult has been or will be harmed.
- 4) If I receive an order by a judge.
- 5) Animal Abuse
- 6) Prenatal exposure or substance use
- 7) Duty to Warn – We are required to inform the intended victim & legal authorities.

Confidentiality with Minors

It is important to note that the child is my client and not the parent or guardian, and I will maintain your child's confidentiality. That means I will respect the child's privacy and keep information shared in session as confidential. However, if I feel there is an issue that may relate to safety, I may need to discuss that issue with the parent/guardian. *This is in addition to and potentially outside of the issues already listed above.*

There are also times when it is helpful to involve parents/guardians in various ways. This may include things like updates or discussion before or after session, joint sessions where we all meet together, or phone calls. We will all discuss this together if any of these seem beneficial.

In most circumstances, it is not my practice to keep phone calls or other communication about the minor client secret from the client. If the parent/guardian raises concerns outside of session, I will discuss with the parent/guardian the best way to address this with the client. I encourage all of us to keep communication as open as possible.

Scope of Practice

I am a Licensed Independent Social Worker LICSW and am governed by the Minnesota Board of social work. My scope of practice is limited to therapeutic services and I am not a medical professional. I may need to refer you to other services if I feel they may be necessary and they are outside my scope of practice.

I am governed by the Minnesota Board of Social Work. You may reach the Board at:

Board of Social Work
2829 University Ave SE Suite #340
Minneapolis MN 55414
(612) 617-2100; (888) 234-1320; FAX (612) 617-2103
Email: Social.work@state.mn.us

Process of Therapy

Neurofeedback and therapy cannot be predicted. However, one of the greatest predictors for “success” in therapy is connection with your therapist. Therefore, I encourage you to discuss any concerns along the way and I will let you know if I think I may not be the best fit for your needs.

Risks and benefits of therapy:

I cannot guarantee that you will see improvement in your relationships, emotions, or symptoms as a result of our work together. Therapy requires multiple things in order to be considered “successful.” These include involvement from you and a comfortable connection between the two of us, as well as clear expectations for what may be possible as a result of our work together.

Your particular personal response to neurofeedback training cannot be predicted, nor can your outcome. In my experience, each person’s journey and results vary. Some people experience dramatic change while others have slow steady results. It is possible that you will perceive little or no effect, especially in the beginning of training. Progress rarely follows a straightforward path, although we do want to see a general trend in the desired direction.

It is important that you remain committed to the process. You may be changing in ways you did not expect. Try to have realistic expectations, every brain and every dysfunction is different. Neurofeedback is **NOT** a cure for any symptom or disorder, but may alleviate symptoms.

I encourage you to discuss with me your goals, expectations and concerns at all points during our work together. We will continue to discuss how treatment is working for you.

There are times when neurofeedback or talk therapy may bring up unexpected emotions or reactions to relationships. Some things we discuss may surprise you as you learn more about yourself and gain insight. It is possible that you may actually start to feel “worse” before feeling you have attained your goals. If that is the case, it’s important we discuss these feelings along the way.

It is also possible that you may wish to adjust how you interact with people in your life. That may mean engaging in some relationships more or disconnecting from other relationships. It is important you discuss with me any concerns or trepidation about these things if they arise.

Missed appointments:

All missed appointments (no show, no cancellation) **will be billed** at the agreed upon regular session rate. If I do not hear from you after a missed appointment and have reason for concern, I may reach out to your identified emergency contact to ensure your well-being.

Cancelled appointments:

Clients are given the same appointment time and days throughout their course of neurofeedback. After your assessment, I will block out those days and times for you for 10 weeks. If you miss an appointment, I cannot fill that slot. All cancellations require 24 hour notice by phone or you **will be billed for the full session**. You will be responsible to pay for the appointments missed to ensure that you receive the full 20 sessions.

Late appointments:

All sessions begin on the hour and last 50-60 minutes. If you arrive late, we will meet until 50 minutes after your scheduled session time. Please note that multiple missed/cancelled appointments and late arrivals may require us to discontinue treatment. In this circumstance, I will discuss with you in person or by phone how we should proceed.

Emergency Procedures

I do not accept emergency phone calls. If you feel you are experiencing an emergency or feel distressed, please call 911. The crisis mobile team may be dispatched by 911. ***If you are in crisis, suicidal, or need immediate medical or mental health services, go to the nearest emergency room or call 9-1-1. If you are in emotional distress or suicidal you can also call the National Suicide Prevention Lifeline at 1.800.273.8255 or go to <https://suicidepreventionlifeline.org> for online chat.*** The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24/7. Counselors help the caller reach a place of emotional and physical safety and then direct the caller to available community resources that offer longer-term support. **You can also text 741741 from anywhere in the USA to text with a trained crisis counselor 24/7**

Communication

Outside of the office, any form of communication may not be secure. Our main form of communication outside of the office, will be by phone. I am only available by phone Mon-Thur from 9:00 – 5:00 pm. I will return your call within 24 hours.

I do not accept emergency phone calls outside of business hours. If you have an emergency, please call 911.

Social Media

I maintain multiple social media accounts for my practice. These accounts serve to promote my services and offer and resources. They are not a substitute for treatment by a licensed mental health professional and nothing shared should be interpreted as a personal message. I do not interact with clients via social media. I also do not expect you to follow any of my accounts based on our work together.

Insurance Reimbursement

I am not an in-network provider for any insurance company. Few insurance companies will reimburse you for costs related to attending neurofeedback therapy.

Electronic, Health Savings Plan, Flexible Spending Accounts Payment

If you pay through electronic, health savings plan, or flexible spending account, they may send you receipts for payment by email or text message. These receipts will be sent automatically and will include my business name and may indicate that you have paid for a psychotherapy session. We are unable to control this in many cases, and we may not be able to control which email address or phone number your receipt is sent to.

Court Policy

Please be advised that I **do not** participate in person, by phone or in writing in any court related matter that you may be a party to or become a party to in any way. I do not write letters regarding your treatment to any court entity. At no time will I offer an opinion or recommendation in any court matter, especially as it relates to custody.

If I am **ordered** by court to write a letter to the court, the time shall be billed **\$250.00** per hour. IF I am ordered to appear in court, the **fee stipulation** is as follows:

\$2,000 per day, plus **\$200.00** per hour to travel to and from court, plus **\$200.00** per hour of preparation. I will not be on call at any time. Should a case be trialed, I will be paid in full for **each day 14** days prior to the court date. Should the court calendar reschedule the hearing on another date, I must be re-issued a court order with the new court hearing date.

Should I be on vacation, the party initiating the court order must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. There is no guarantee if records are ordered by a court, that your information will be kept confidential. The therapist-client relationship does not render me as your advocate.

Consultation Disclosure

There are times when I consult with other licensed mental health professionals or EEGinfo about my cases. During these discussions, I make sure to disclose as little information as possible in order to protect your confidentiality.

There may be times that I am training other NFB providers. This consent applies to training the other providers. If I have a person shadowing me, I will ask for your permission for them to sit in your session. If I need to review a file with a trainee, I will not use identifying information to protect your confidentiality.

Collateral Involvement

At times it is helpful to involve important people in your life in our work together. If this is something that we both feel may be helpful, we will discuss how much information you may be comfortable disclosing and in what way. I will not disclose information or even confirm whether or not you are my client, without first having your written consent. One exception may be if I am concerned about your safety.

Medical Records and Your Right to Review Them

As a mental health professional, I keep records about our work together. This includes notes on sessions, meetings, phone calls and any other communication with or about you. Unless I feel it would be significantly harmful to you, you are able to access your records.

I require 30 days of notice prior to allowing you to view your records. Oftentimes, clients request copies of records with the intent of securing a treatment summary for an outside entity. If that is the case, I am happy to provide such a summary for a fee and with your written consent. This is often preferable to giving someone access to your entire treatment record. If this is related to a court matter, please see the Court Policy above.

E - Mails:

Email is a popular, yet insecure form of communication. When you send an email it has the potential to be seen by many people prior to reaching its destination. For this reason, I will not discuss anything clinical with you via email and I ask you to refrain from doing so, as well. **Initials**_____

Cell phones:

If you have a cell phone that provides alerts on your home screen, consider who may easily see notifications of your contact with me. This means how you enter my name in your phone as a contact and which form of communication you would like to have with me (email, text, etc.). You may also choose to turn off certain notifications in your settings for increased privacy. **Initials** _____

Texting:

Texting may be appropriate for communication regarding appointments but uses similar communication as email, therefore, is **not** secure. For this reason, I will never discuss anything clinical with you via text and I ask you to refrain from doing so, as well. I also will not send you a text message that contains extensive amounts of what is considered Personal Health Information (PHI) **Initials** _____

Payment

I do not accept insurance. Insurance will rarely pay for neurofeedback. I require that 10 sessions be paid for at a time. You may pay via cash, check, credit card, or health HSA Savings Plan. I will bill your credit before services are provided. You may receive a receipt for your payments upon request and you may file with your insurance.

By signing below you acknowledge that **your credit card will be charged for 10 sessions** at a time. You will update your credit card information with my office as needed.

Client Signature:_____

I agree to the above listed terms and conditions for services. I acknowledge that I have read and understood these terms and that my therapist has reviewed them with me, allowing for questions and discussion.

Client Signature:_____ Date:_____

Guardian (if applicable):_____ Date:_____

Therapist Signature when Service Agreement was discussed client:

_____ Time:_____ Date:_____