



Client Agreement and Bill of Rights

Three Rivers Counseling, LLC.

Welcome to Three Rivers Counseling. This document contains important information about my professional services and policies. The law requires that I receive your signature that I provided you this information by our first session. It is important that you read it carefully.

I have a Bachelor of Arts in Biblical Studies from Columbia International University and a Masters of Arts in Education in School Counseling from Western Carolina University. I have my LPC with the state of Minnesota. I am currently under the supervision of Mark Anderson (MA, LP, LMFT) with Arden Woods Psychological. If you have any concerns, you are welcome to contact him at 651-482-9361.

I am a Christian counselor, which means my approach to therapy integrates Scripture and prayer. If you are uncomfortable with this approach, please discuss your concerns with me. I will be respectful of all my clients and meet you where you are spiritually. By signing this agreement, you are expressing an understanding that Christian and faith-based conversations will be part of my approach to helping you; and you are open to that approach.

Psychotherapy Services:

Counseling is not an exact science and varies depending on a client's personality and the particular concern a client is presenting. There are many different approaches to therapy. Psychotherapy calls for active participation the part of the client. For therapy to be successful, it will require a client to work towards changes in their life. Counseling can lead to better relationships, solutions to specific problems, and reductions in feelings of distress. I cannot guarantee you will experience these results but will work with you to try to bring those about.

Therapy can also bring up painful and disturbing discussions. If you should need emergency mental health services, you will be expected to contact a crisis center or dial 9-1-1. You can contact the National Suicide Prevention Lifeline (1-800-273-8255); or for a list of local crisis numbers you can go to www.namihelps.org/support/crisis-resources.html to retrieve that information.

On our first session, we will discuss your needs and your goals from counseling. You should evaluate if I am the right fit for you and if you feel comfortable working with me. If at any time, you are dissatisfied or have concerns, you agree that you will discuss those with me. It is important that you are confident I am facilitating your needs. If you do not feel I am the right fit for you, I will give you a referral to another therapist.

Client Rights:

You have the right to:

- Expect that I meet the minimal qualifications of training and experience required by law.
- Examine public records maintained by the Board of Behavioral Health and Therapy that contain the credentials of the provider.
- Obtain a copy of the Rules of Conduct from Minnesota's Bookstore, Department of Administration, 660 Olive Street, St Paul, MN 55155, or its current location.
- Report complaints to the Minnesota Board of Health and Therapy.
- Be informed of the cost of professional services before receiving services.
- Have access to your records as provided in part 2150.7520, subpart 1, and Minnesota Statutes, section 144.292, except as provided by law.
- Be free from exploitation for the benefit or advantage of your counselor.
- Terminate services at any time, except as otherwise provided by law or court order.
- Know the intended recipients of assessment results.
- Withdraw consent to release assessment results, unless this right is prohibited by law or court order or is waived by prior written agreement.
- Receive a non-technical description of assessment procedures.
- Receive a nontechnical explanation and interpretation of assessment results, unless this right is prohibited by law or court order or this right was waived by prior written agreement.
- Be treated as an individual and not have a counselor impose any stereotypes of behaviors, values, or roles related to human diversity.
- Not be misused in order to benefit another client or entity.

Client Responsibilities

- Fees for services rendered are \$100 for a 60-minute session.
- Payment is due before the beginning of the session. You can pay by check, cash or major credit card. A \$25 fee is assessed for returned checks. Please be aware that any session that runs over will be assessed an additional fee.
- Group sessions are \$50 per meeting.
- Clients must give at least a 24-hour notice before canceling a session or a fee of \$25 will be assessed.
- In an emergency, be sure to call 9-1-1 as Three Rivers Counseling does not have a crisis line.
- Three Rivers Counseling does not take insurance but will work with your HSA if you have one; and can provide you documentation that will allow you to pursue reimbursement from your insurance company. Three Rivers Counseling, LLC does not guarantee payment.
- Ask for any clarification on any portion of intake documents, written agreements, or HIPPA notifications on the first appointment.

Spiritual Environment

I am a Christian counselor. My therapy approach integrates Scripture and prayer into therapy sessions. If you are not comfortable with that approach, please make me aware of your concerns on your first session.

Exceptions to Confidentiality:

As a mandated reporter in the state of Minnesota I am legally obligated to violate confidentiality under the following circumstances: Under certain legally defined situations, I have the duty to reveal information you tell me during the course of therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. These legally defined situations include:

- a) If you reveal information about active child abuse or neglect, elder abuse, or dependent physical abuse, I must make a report to protective services. When a perpetrator of child abuse is in contact with minors and there is a reasonable suspicion that he/she may still be abusing minors, I must also report that information.
- b) If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
- c) If you are in therapy or being tested due to an order of a court or lawyer, the result of the treatment or tests ordered must be revealed to that court or lawyer.

Some therapists will not voluntarily participate in any litigation or custody dispute in which the Client and another individual, or entity, are parties. Three Rivers Counseling, LLC has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matter. The therapist will generally not provide records or testimony unless compelled to do so.

If a therapist should be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse therapist at the hourly rate of \$360.00 for any time spent for court testimony, participation in court by phone, time waiting, travel time, any time writing reports or letters in the interest of court, copies made, and any consultation or discussion with attorneys or their staff. This includes time spent responding to, declining, or quashing subpoena or otherwise taking measures to appropriately remove therapist involvement in any legal proceeding.

In the case of divorced parents, the parent with legal custody or medical decision-making abilities, who brings the child to therapy, will be responsible for all charges unless otherwise determined by the co-parents.



Your signature below indicates that you have read and understood the information in the Client Agreement and agree to abide by its terms. You also acknowledge that you have received a copy of the HIPPA Notice form.

Client Name

Date

Client Signature

If client is under the age of 18; please sign below. By doing so, you are certifying that you are the legal guardian of the above minor:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date