

**Suzanne Candell, Ph.D.**  
**Licensed Psychologist**  
**8085 Wayzata Boulevard, Suite 205**  
**Minneapolis, MN 55426**  
**612/767-1610**

I welcome you as a prospective psychotherapy client! I am a licensed psychologist trained in the assessment and treatment of mental health concerns. I earned my Ph.D. at the Department of Psychology at the University of Minnesota.

I've provided the following information about your rights and responsibilities as a psychotherapy client in order to clarify some of some important aspects of our working relationship. Please read this carefully, and discuss with me any questions you may have.

### **Your Rights**

#### ***Confidentiality***

It is my policy to protect the confidentiality of all aspects of our work together. This means that, except for the circumstances listed below, I will not disclose anything about you or your therapy unless you have given me written permission to do so.

- 1) If I am a provider under your insurance plan, and you want me to use your benefits to cover your sessions with me, I will release the necessary PHI (protected health information) about you.
- 2) If any of the circumstances below arise in your work with me, Minnesota statutes, and professional ethics, require me to disclose information even without your permission:
  - a) If I believe that you present a clear and imminent threat of harm to yourself or others.
  - b) If information about your therapy with me is subpoenaed, or if a court order requesting such information is issued.
  - c) If there is any indication of abuse against a minor child
  - d) If there is any indication of abuse against an adult considered vulnerable due to mental or physical disability.
  - e) If there is indication that a pregnant woman (you or someone you describe) is using alcohol or non-prescribed drugs during her pregnancy.
- 3) Finally, I may discuss your case with a group of peers to receive consultation about how to best provide care to you. This practice is recommended by the Board of Psychology, and its purpose is to enhance the quality of my service to you. If your case is discussed, I will protect your confidentiality, and will not disclose your name or any other identifying information about you.

#### ***Informed Consent***

You have the right to participate in the creation of a treatment plan that meets your needs, and to ask about, and receive answers to, any questions or concerns that arise for you about the treatment you receive. You have the right to receive information from me about alternative types of treatment that are used to help persons with issues like yours, even if these treatments are not provided by me.

***After-Hours Crisis Referral***

You may contact me in times of emotional crisis by calling my office 612/767-1610. If your need is urgent, please state this in your message to me. I will contact you as soon as I can on the same day if your call is before 5:00 p.m. If your call is after 5:00 p.m., I will contact you as soon as possible the following day.

If you experience an emergency, I encourage you to contact an appropriate crisis intervention service. If you are a resident of Hennepin County, you may contact the Hennepin County Crisis Intervention Center at 612/873-3161. If you are not a resident of Hennepin County, please advise me in our initial session and I will provide you with an appropriate resource. If you feel you need in-person help, I encourage you to go to the nearest hospital emergency room.

**Your Responsibilities**

***Financial***

My services are offered for a fee of \$165.00 for initial evaluation, and for subsequent individual, couple or family sessions. My fees for other services are available upon request. Phone calls longer than ten minutes, as well as reports you have requested from me in writing are charged to you at the per session fee, according to the time involved. You are responsible for paying my fee in full at each session unless prior arrangements have been made, or unless I am a covered provider under your insurance plan and you have provided me with your insurance information. When you pay your fee, I will provide you with a receipt that contains all the information generally required to submit out of network claims or to claim health savings account benefits. If you require additional information, please let me know.

I am in-network for Blue Cross Blue Shield insurance only. If you have mental health coverage with Blue Cross Blue Shield, you are responsible for providing me with all pertinent insurance information. You are responsible for paying your copay, coinsurance, or deductible at the time or service for each session. I encourage you to confirm all aspects of your benefits pertinent to our work together by reviewing your plan materials, calling the benefits manager of the primary insured, or contacting your insurance plan. You are responsible for upholding the financial arrangement between us.

***Additional Fees***

You are responsible for any collections, legal or other fees I incur in collecting outstanding balances owed by you.

***Conclusion***

I hope that the information above helped to clarify your rights and responsibilities, especially as they concern business and administrative aspects of our working relationship. If you have any questions or concerns about these rights and responsibilities, please discuss them with me before you sign below.

I have read the above rights and responsibilities, and have no outstanding questions or concerns. I agree to abide by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Missed and Late Cancelled Appointments Policy**

If you need to cancel an appointment, please call me at 612/767-1610 at least one full business day before your appointment; for example, to cancel a 2:00 p.m. Monday appointment, please call the preceding Friday by 2:00 p.m. Missed appointments, or those cancelled less than one full business day before, will be billed to you at \$165, except in emergencies.

An emergency is an unforeseen, serious event that requires your immediate attention to preserve health and safety. Events that are unforeseen but not serious (such as sleeping poorly and being tired) or serious but not unforeseen (such as a previously scheduled surgery in a loved one) are not emergencies. Unforeseen work or other personal obligations (such as being called in for a last minute meeting, being asked to babysit a relative's children last minute) are not considered emergencies.

I have read the above information. I understand that by signing below, I am agreeing that I fully understand the Missed and Late Cancelled Appointments Policy and consent to it. If I have any questions or concerns about this policy, I will not sign below until I feel that my questions or concerns have been addressed to my satisfaction by Dr.Candell.

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Signature

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Date