

## **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 at our next session.

### **PSYCHOTHERAPY SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and the client, and the particular concerns you want to address. There are many different methods that I might use to assist you in psychotherapy. This process calls for a very active effort on both your part and mine. In order for therapy to be most successful, you will want to work on things we talk about both during our sessions and between visits.

Psychotherapy can have benefits and risks. Because sometimes therapy involves discussing unpleasant aspects of your life, and sometimes involves challenging deeply held assumptions and beliefs, you may experience uncomfortable feelings such as fear, sadness, guilt, anger, frustration, loneliness or helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Your own experience will be an individual one.

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 might include and a plan for treatment if you elect to continue seeing me. You should evaluate this and your own feelings of comfort working with me, as therapy is an individual experience. It requires a commitment of time, money, and energy, and it is important to us both 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 AND CANCELLATION POLICY**

My fee for an intake session is \$200 and for all other 55-minute sessions, it is \$150.00. If necessary, I am sometimes able to negotiate a lower fee. If you have a contract with your insurance policy that restricts my reimbursement, you are only responsible for the allowable amount. If you miss an appointment, and do not cancel at least 24 hours in advance, you will be charged the full fee. Please note that insurance does not typically reimburse for missed sessions.

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I request that you pay your portion of what you owe for sessions at the time of service, unless we agree otherwise or your insurance coverage requires another arrangement.

### **INSURANCE**

Cathie Goedert Welch will file all insurance claims for you, and in cases where you can assign benefits directly to me, reimbursement will be handled in that way. Please check to see the limits of your coverage. I am currently a participating provider for Medica/UBH, and Preferred One. For other carriers you may be able to use your “out of network” benefits if your policy permits. It is important for you to find out exactly what mental health benefits you have. In most cases, your insurance card lists a customer service phone number where you can call to get this information.

Should you elect to use your health insurance, I will make a photocopy of your card. All insurance companies will require that I provide them with a diagnosis in addition to dates of service and type of service (for example, individual or family therapy). On some occasions, they will also ask for a summary of my treatment plan, your progress and your prognosis. If your company asks for this additional information, I will do my best to notify you before submitting it. If you do not want me to give your company the information they request, please be aware that your company may deny coverage, at which point you will be responsible for the cost of your therapy.

### **PRIVACY**

I will do everything I can to protect your privacy. However, there are some situations where this will not be possible. Under state law, as a licensed social worker and marriage and family therapist, I am a mandated reporter. This means that if I learn about either child abuse or abuse of a vulnerable adult, I am required to contact the appropriate officials (either Child Protection or Adult Protection) about the situation. In addition, if a client makes a serious, direct threat to another identified or identifiable individual I am required to warn that individual directly or contact the police in either the district nearest the intended victim or nearest the person making the threat.

I cannot guarantee the privacy of communication via text or email because of the insecure nature of the technology. If you wish to write me about therapy issues via electronic means, there is a way for you to do so securely. Contact me before doing so and I will give you instructions for how to do it. Please be aware that I will place any communication between us regarding your therapy in your record.

### **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 I decide it would be helpful to video or audio tape our work in the course of consultation, I will ask you to sign a permission form specifically allowing me to do so.

### **YOUR RECORDS**

Per Minnesota law, I am obligated 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> birthdate, whichever is later.

**IF YOU HAVE AN EMERGENCY**

If you have an emergency and are unable to talk with me in person or on the phone, *do not communicate with me electronically*. Rather, I ask you to 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 COPE (612) 379-6363, Ramsey County Crisis Line (651) 266-7900, or the Dakota County Crisis Line (952) 891-7171.

**CONTACTING ME**

Although I am not immediately available by telephone or email when am out of the office or am in a meeting, I regularly check my voice, text and email messages between the hours of 8 AM and 5 PM Monday-Friday and will 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 voicemail message and email will indicate it when I am out of the office for an extended period of time and cannot check regularly for messages.

**IF I HAVE AN EMERGENCY**

If I were to become incapacitated any time before your record has been destroyed, I have asked two colleagues 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. The Minnesota Society for Clinical Social Work holds the names and contact information of these colleagues so that, in the event that they are unable to find you, you can find them. You may contact either the society's president, secretary, or administrative staff person, all of whom are listed, along with their phone numbers and their email addresses, on the MSCSW website: <http://www.clinicalsocialworkmn.org>.

**MY SCHEDULE**

I am in the office on Tuesdays approximately twice a month and am typically away for one to two months in the summer, sometimes all at one time and sometimes divided into two or more periods of time and am also out of the office on occasion for one to two weeks at other times during the year.

I have read and understand this description.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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