



Kenwood Therapy Center, LLC
Re-authoring Lives and Relationships

HIPAA, Informed Consent and Privacy Document

“Welcome to the Kenwood Therapy Center, LLC. We continually work to provide you with high quality, innovative, and collaborative services. The Center’s goal is to help clients re-author life’s narratives through an array of services that address specific needs. We believe that a client who understands and participates in their own care will achieve better results. We have the responsibility to respect your rights and provide you with the best possible care. The following has been prepared to inform you of your rights and responsibilities.”

NOTICE OF PRIVACY PRACTICES

During your treatment at Kenwood Therapy Center, LLC (Kenwood) therapists gather information about your psychiatric, medical history, and health. The information identifies you and relates to your past, present, and future physical or mental health and is referred to as your PROTECTED HEALTH INFORMATION (PHI). This notice describes how your PHI may be used and disclosed and how you can gain access to this information. Please review this information carefully.

Please note, at the end of this notice, you will be asked to sign a consent form.

Signing this form will allow us to use and disclose your PHI in the following ways:

- **Treatment:** We will use your information to provide, coordinate, and manage care and treatment. For example, a therapist may consult with another health care provider, including Kenwood clinicians, regarding the case or a referral.
- **Payment:** We will use information to receive payment for the services we provide. For example, we will disclose information in order to submit claims to insurance companies, third party payers, Medicare or Medicaid.
- **Health Care Operations:** We will use the information for certain activities related to the functioning of Kenwood. For example, we may use or disclose the information for quality assurance activities.
- **When Required by Law:** Applicable law and ethical standards permit us to disclose information about you without your authorization. Kenwood may disclose or use PHI when necessary to:

- ✓ Report suspected abuse or neglect of a child or vulnerable adult.
- ✓ Report prenatal exposure to controlled substances.
- ✓ Comply with mandatory government agencies, audits, or investigations.
- ✓ Comply with a court order.
- ✓ Report possible professional or sexual misconduct by a named health care professional.
- ✓ Prevent or lessen a serious and imminent threat to the health and safety of you or another person. If such information is disclosed it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. If it is to ensure your safety, information may be disclosed to others such as family members, other health care professionals, and/or law enforcement officials.
- ✓ We may disclose your contact information to Kenwood Center Services, Inc, a non-profit company, to contact you about raising money to support the research and therapy for children and families with serious problems. We will not sell your information. If you do not wish to be contacted, please write to: Kenwood Center Services, Inc., 2809 South Wayzata Blvd., Minneapolis, MN 55405.

USES AND DISCLOSURES THAT REQUIRE SPECIFIC AUTHORIZATIONS

We will need your written permissions to use your information for any purpose other than those listed above. If you do sign an authorization form that allows using or disclosing your PHI, you can revoke that permission in writing at any time.

MINORS – PRIVACY AND CONFIDENTIALITY

Parents and legal guardians have a right by law to information in their children’s files. Exceptions include minors who are married or have born a child and those who are living independently and managing their finances. Minors can request, in writing, that particular information not be disclosed to parents. Such a request should be discussed with the therapist.

YOUR INDIVIDUAL PRIVACY RIGHTS

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your PHI. You must make this request in writing. We will respond to your request within three business days. Your right to inspect and copy PHI will be restricted only in those situations in which there is compelling evidence that access would cause serious harm to you. If your request to inspect (or obtain) a copy of your record is denied, you have the right to have the denial reviewed by a health care professional. We will act upon your request within 30 days. We may charge you a reasonable, cost-based fee for copies.
- **Right to Amend:** If you feel that the information we have about you is incorrect or incomplete, you may ask us to amend the information. If your request is

denied, you can write a statement of disagreement with the denial that we will keep with your medical information.

- **Right to Request Restrictions:** You may request that Kenwood not use medical information for treatment, payment, or health care operations. You may also request that Kenwood not provide medical information to certain people. However, Kenwood has the right to refuse your request.
- **Right of Accounting for Disclosures:** You may ask us to provide you with information about disclosures of your PHI we made in the past. Requests for accountings will not be made prior to 2000. Your request can go back six years.
- **Right to Request Confidential Communication:** You may request that Kenwood provide you with your medical information in a confidential manner. For example, you can request we send bills and other mailings to a different address or that we notify you of this information in another way, such as a telephone call. You must make this request in writing and specify another address or means of communication.

The effective date of this notice is January 17, 2012. Kenwood is required by law to maintain the privacy of PHI and provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at the time. We will post a revised notice in our offices, make copies available to you upon request, and post the revised notice on our website.

NOTICE OF NON-DISCRIMINATION/CONFIDENTIALITY STATEMENT

Kenwood does not discriminate in access to treatment services due to race, color, national origin, sex, creed, handicap, or sexual preferences.

CHILDREN VISITING KENWOOD

If children accompany you, either because they are being seen by a therapist or simply because they are with the parent, please be advised that our staff cannot assume responsibility for care for them in the reception area. Children under the age of 10 cannot be left in the reception area unless accompanied by an adult specifically responsible for their care.

GRIEVANCE PROCEDURE NOTICE

Clients receiving outpatient mental health services have the right to complain if they feel their treatment has not been adequate and/or your privacy rights violated.

Complaints regarding the quality and type of treatment you have received should be brought to the attention of the therapist with whom you are working. Therapists need honest feedback to be more effective. If you are unable to resolve the conflict or do not feel comfortable talking to your therapist about your concerns, please contact the Kenwood Center Director, Walter Bera, PhD, at 612-377-9190 x 301. If you feel more comfortable, you can contact our outside ethical and practice consultant, Gary Schoener, LP, Director of the Walk-In Counseling Center at 612-870-0565. Finally, you have the right to present your complaint to the governing board that licensed the therapist with whom you are consulting or file a complaint with the State or U.S. Department of Health and Human Services. We support your right to the privacy of your health information.

BILLING POLICIES AND FEE INFORMATION

INSURANCE COVERAGE

To assist you in obtaining insurance payments, you must provide us with accurate health insurance information including:

- Name, address, and phone number of your insurance company.
- Group number and personal identification number.
- Name of policyholder and their date of birth.
- Relationship of the policyholder to the client.
- Copy of your insurance card, front and back.

We are in-network providers for most major insurance companies. As a courtesy to you, we work directly with your insurance and will make every effort possible to bill your insurance company.

- Once your appointment has been scheduled, we will verify your insurance benefit coverage and obtain any necessary authorization for you.
- Verification of benefit coverage **is not a guarantee of claim payment**. All benefits are subject to the terms and conditions outlined in your member contract with your insurance company. We have no authority to make representations to you regarding coverage of services.
- **It is your responsibility to understand the provisions of your health plan before your initial visit to know your plan's limitations, deductibles, and exclusions.**
- It is your responsibility to pay any deductibles, co-payments, co-insurance, or other amounts your insurance carrier or third party payer determines as payable by you – **this is to be collected at each session.** If you are unable to pay at the time of service, please discuss this with your therapist.
- **Insurance Changes:** It is your responsibility to provide us with updated information if your insurance carrier changes or your coverage terminates (this includes coverage by Medical Assistance, MNCare, UCare or any other

Minnesota State program). If a claim is denied due to inaccurate insurance information, you will be responsible for the amount denied by your carrier.

- If you choose to not use your medical insurance, the responsible party will be expected to pay the full cost of services prior to each session.
- Account statements will be mailed monthly.
- **NSF Checks:** Kenwood will assess your account for bank fees associated with any checks written with insufficient funds.
- **Unpaid account balances:** If your account balance is more than 90 days past due and arrangements for payment have not been agreed upon, Kenwood will forward your account to our collections agency to secure payment. If legal action becomes necessary, its costs will be included in the claim and you will be responsible to pay said fees. Kenwood reserves the right to withdraw care if a client or responsible party does not fulfill their financial obligations.

Out of Network

In the event that we do not participate in your insurance plan's network, you may be eligible for out of network benefits. Please refer to your insurance provider's handbook or contact your insurance carrier to see if you are eligible for out of network benefits.

KENWOOD THERAPY CENTER, LLC CLINICAL FEES

- \$250/50 minute hour – Diagnostic Assessment
- \$225/50 minute hour – Individual Psychotherapy
- \$175-\$225/50 minute hour – Family Psychotherapy
- \$75 – No show or Late Cancellation Fee without 24 hour notice
- \$25/15 minute – Document Preparation/Consultation Fee
- Non-sufficient Funds – Bank fees will be assessed to client account.

LATE CANCELLATION OR FAILED APPOINTMENTS NOTICE

YOU, NOT your insurance company will be charged \$75.00 for any sessions you fail to attend or miss without 24 hour notice **BEFORE** the scheduled appointment.

THERAPIST AS CONSULTANT

Professional consultation is not easily described. It varies depending on the personalities of the therapist (consultant) and client, and the particular concern(s) you are experiencing. Consultation calls for a very active effort on your part, and may even include other important people in your life. Consultation can be more successful if you work on the goals and strategies developed in session at home. Consultation has benefits and risks. Since it involves discussing unpleasant experiences in your life, you may experience an increase in uncomfortable feelings. Consultation can also lead to more satisfaction in relationships, new possibilities for

addressing problems, and reduction in feelings of distress. There are no guarantees about what you will experience.

You and your therapist have access to the knowledge and skills of our multidisciplinary team of licensed psychologists, marriage and family therapists, clinical social workers, alcohol and drug counselors, outside professionals (when needed), and our clinical library and bookstore of research, videotapes, audiotapes and DVDs. You can find out more by talking with your therapist or visiting our website at www.kenwoodcenter.org.

WHAT TO EXPECT IN THE CONSULTATION SESSION

- The first 1-4 sessions will involve an evaluation of your needs and goals. Background information about you and the problem you are experiencing will be discussed.
- At the end of the evaluation period you and your therapist will discuss a plan of what your work together could involve, if you decide to continue with consultation. Since consultation involves a commitment of time, money, and energy, it is important to be selective about the consultant you choose.
- If you have questions about procedures, please discuss them as they arise. When co-creating possible solutions, you maintain the right to implement them or not.
- Sessions will usually be once a week for 45-50 minutes. Some sessions may be longer or more or less frequent based on your agreement with your therapist.
- Once an appointment is scheduled, we expect that you will put a priority on keeping the appointment. If you miss two or more sessions without 24 hour notice, your therapist reserves the right to terminate the consultation relationship and make referrals to other services that may better fit your needs.
- Kenwood therapists are often not immediately available by phone due to their work schedules. Please talk with your therapist about their schedule and the best way to get in contact with them. Every effort is made to respond to your call within 24 hours, with the exception of weekends and holidays. **If you are unable to reach your therapist and feel you can't wait or are experiencing a crisis, please contact one of the following:**

- ✓ **Crisis Connection at 612-379-6363**
- ✓ **St. Paul Ramsey Crisis Intervention at 651-221-8922**
- ✓ **Hennepin County Child Crisis Line at 612-999-2233**
- ✓ **COPE (Hennepin County) 612-596-1223**
- ✓ **Your local emergency services at 911**

Narrative Approaches

We use Narrative Approaches as the foundation of our work at the Kenwood Center. Sometimes called Narrative Therapy, they are a growing set of ethically-based and innovative therapy ideas that recognize people use narrative, or story, to make meaning of their lives and identity, and can therefore re-author those stories. The following are ideas and practices we, and the people with whom we have consulted in the past, have found helpful in approaching the problems or concerns that bring you here today:

1. **Your Knowledge and Values are Respected**

We see people as knowledgeable in their own lives. Narrative therapy assumes that people and communities have many skills, competencies, beliefs, values, commitments, and abilities that will assist them to reduce the influence of problems in their lives.

2. **The Person is NOT the Problem**

We avoid thinking or speaking of those we consult with or their loved ones as the Problem. Rather, the Problem is the Problem. We strive to ally ourselves with people to help them stand up to or change their relationship to problems, and to reclaim their lives from the problem's influence.

3. **Externalized Conversation**

As someone consulting here, you might notice that if you say "I am depressed", your therapist might ask "How did you notice Depression first influencing your life?" This is an example of how we separate the person from the problem. This can help move from what we call problem-saturated identities towards richer and fuller descriptions of life, and can help put problems in their broader contexts. You will also notice your therapist writing during your session. This is to ensure that your words, ideas, values, etc. are captured accurately and in your own voice.

4. **Life is Multi-Storied**

Just as one's preferred identity may be rendered invisible by problems, so also one may look back at life and see little, except a problem-saturated, hopeless history. Your consultant may ask unusual, exceptional, and curious questions that may help you put in words often thinly described, hidden stories for richer understanding, strength, possibility, and hope. In this way, we find people can often creatively reclaim or construct, with the help and support of others, what we call 'preferred realities and identity'.

5. **Therapist: Influential but De-Centered**

The therapist you consult with strives to be "influential but de-centered". We strive to keep central you and your ideas and preferences. We strive to be responsible collaborators and co-authors with you rather than pretending to be

all-knowing experts telling you how to live your life. While we may share some of our ideas, resources and experiences regarding some ways a problem can influence life, based on what others have told us, we prefer to first acknowledge and build on your unique story, wisdom and resources. We view the "therapist as an anthropologist or archeologist," respecting and making more visible your own preferred words, ideas, theories and practices of life versus imposing ill-fitting theoretical, cultural, or societal mandates.

6. **Collaborative: The Particular Context**

We have found that problems can isolate us and make it hard to find options, possibilities, and connections in our lives. We may ask you, with your full approval and understanding, to sign release forms to allow us to collaborate with key family members, relatives, friends, associates, or involved professionals, who may be helpful or concerned. Any requested assessment, report, diagnosis, letter, or test will be co-authored with you in session. Phone calls will be made in your presence as well. We strive to collaborate in sensitive, responsible, ethical, legal, diplomatic and creative ways.

7. **The Background Context**

In the background of many problems can be a history or experience of injustice and cultural difficulty. We may spend some of our time considering such socially constructed, taken for granted stories of family, gender, culture, ethnicity, sexuality, economics, faith, etc., and their influences in your life and identity. This can help make such influences more visible and may help you decide more clearly if those ideas and practices may fit with what you want in your life and relationships.

Permission to Conduct Narrative Therapy, Consultation, Research, Evaluation and Follow-up

We are engaged in continuous research and evaluation of our work. By signing the signature page, you acknowledge that you have read this handout and give your legal consent to participate in Narrative Therapy or Consultation, and to complete brief evaluations to help assure quality of service and to improve training, research and development. You also provide permission for Kenwood Center to contact you by phone, email, text or other approved electronic media (e.g. Skype) or mail to check up on how things went or are going as part of our ongoing and follow-up care, quality assurance and research. You further agree to allow us to summarize or publish the results to the Kenwood Center Team and to general or professional audiences for the purpose of improving the field of psychotherapy.

Please note that no personally identifying information will be disclosed. Further, Kenwood will not disclose or distribute your contact information to third parties.

You can withdraw your permission by writing to Kenwood at any time.

**KENWOOD THERAPY CENTER, LLC HIPAA, INFORMED CONSENT AND PRIVACY
ACKNOWLEDGEMENT AND AUTHORIZATION**

{ } I hereby acknowledge that I have received a copy of the HIPAA, Informed Consent & Privacy documents from Kenwood Therapy Center, LLC, agree to all of its terms and conditions, and consent to participate in therapy and consultation based on Narrative Approaches, as well as agreeing to complete brief evaluations to measure and improve quality of care.

READ & INITIAL ALL THE FOLLOWING STATEMENTS ACCEPTING RESPONSIBILITY

{ } I grant authorization to Kenwood Therapy Center, LLC to release Private Health Information (PHI) to my third party payer and any prior authorization that is necessary for billing or to process any claims for services provided by Kenwood Therapy Center, LLC.

{ } I authorize Kenwood Therapy Center, LLC to bill my insurance payer(s) for charges incurred from services rendered by Kenwood Therapy Center, LLC providers. I authorize my insurance company or third party payer to send payment directly to Kenwood Therapy Center, LLC for all services provided. I understand that **I AM** responsible for my bill.

{ } I accept full responsibility for notifying Kenwood Therapy Center, LLC **IMMEDIATELY** of any changes in my insurance or third party payer coverage while receiving care. Failure to do so will result in my being responsible for any unpaid claims.

{ } I agree to pay my co-payment, deductible and /or co-percentage and any outstanding balances owed to Kenwood Therapy Center, LLC **BEFORE** each visit. I will be charged \$75.00 for any sessions I fail to attend or miss without 24 hour notice **BEFORE** the scheduled appointment.

{ } I agree to receive text message, phone call, and/or email based appointment reminders.

{ } I authorize Kenwood Therapy Center, LLC to release health information to my primary care physician and/or clinic for the purpose of coordination of care.

Name of Primary Care Physician _____

Clinic _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

{ } I **DO NOT** authorize Kenwood Therapy Center, LLC to release health information to my primary care physician and/or clinic for the purpose of coordination of care.

{ } I authorize Kenwood Therapy Center, LLC to send a thank you letter to the person or organization that referred me.

CONSENT AND AUTHORIZATION GRANTED - PRINT CLIENT'S NAME

First _____ MI _____ Last _____

Signature _____ Date _____

**IF CLIENT IS MINOR: CONSENT & AUTHORIZATION GRANTED AS CLIENT'S REPRESENTATIVE -
PRINT YOUR NAME**

First _____ MI _____ Last _____

Signature _____ Date _____

Relationship to Minor _____

EMERGENCY CONTACT-- E.G. FAMILY, FRIEND, NEIGHBOR, ETC.

In case of emergency, please contact:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____



KENWOOD THERAPY CENTER

KENWOOD THERAPY CENTER, LLC OFFERS THE OPTION

OF HAVING YOUR  OR  ON FILE WITH THE BUSINESS OFFICE.

CREDIT CARD AUTHORIZATION GRANTED - PRINT YOUR INFORMATION BELOW

Cardholder Name: _____

Credit/Debit Card #: _____ - _____ - _____ - _____

Credit/Debit Card Expiration Date: ____/____ Security Code (on back) _____

Credit Card Billing Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

I consent to charge my credit card information listed above for deductibles, copayments, or other amounts my insurance carrier determines is payable by me.

Sign: _____ Date: _____