# Mathew Quaschnick, M.A., L.P.C.C.

#### **Information about Treatment**

The following information is to help you understand what counseling is about. It also details some of the policies at the clinic, as well as your rights as a client. Any questions you have about the following information, or that come up at any time during therapy, are worth asking and I look forward to discussing them with you:

**What is therapy?** Therapy is a process that helps you make changes in your life by helping you to pay careful attention to your thinking, feeling, daily habits, and ways of getting along with others. Most appointments are scheduled in advance, and a usual clinical appointment is 50 minutes in length. Some appointments can be prearranged for shorter or longer times.

**What is the purpose of therapy?** In the long run, the goals of therapy are for you to develop more awareness of your feelings, make the most of your strengths and abilities, and to gain insight about yourself that can lead you to change behavior that is not working for you.

What is your role in therapy? Ultimately the responsibility for change rests with you. The therapist will not provide you with a psychological blueprint that will tell you who you are. The therapist's role, rather, is to provide an environment and a relationship where such questions can be addressed. Similarly, therapists will not often give advice, but rather, help you to understand the conflicts within you that make it difficult for you to make your own decisions. In therapy try to be as honest as you can with yourself and your therapist, so that both of you can genuinely get to know you and your concerns. With your therapist's help, you will work towards thinking differently about yourself and your relationship to the world, decide on a plan for growth and change, and then practice the new behaviors both in counseling and outside counseling.

What can I expect from therapy? On the one hand, therapy is an experience where you can expect to feel relieved that you are not alone with your problems. On the other hand, therapy does require work, so it does not always immediately provide a sense of relief. Sometimes you might even feel worse before you feel better. You may confront feelings, thoughts, memories or personal insights that are uncomfortable, sometimes even painful. And these experiences may result in you wanting to make changes in your beliefs, values, habits or behaviors that can be scary, and sometimes disruptive to the relationships you already have. The process is not always easy, and no one can guarantee a specific outcome. Many people who do take these risks, however, find that therapy results in their gaining a better understanding of themselves and are able to implement positive change in their lives. How things go in therapy depends on you, whether you and the therapist are a good match for working together, and whether counseling is the best way to help with your concerns.

How long will it take? Every client is different and comes to counseling with a different set of goals and obstacles to those goals. The duration and frequency of therapy, therefore, varies from client to client.

**Are there different kinds of psychotherapists?** Yes. Licensed psychotherapists may be psychologists (LP), counselors (LPC/LPCC), clinical social workers (LICSW), or marriage and family therapists (LMFT). Psychoanalysts are specialists working under one of the above licenses. Some psychotherapists are psychiatrists (MD) or psychiatric nurses (APRN/ARNP), and they are able to prescribe medications.

My training and approach to counseling: My approach is informed primarily by psychodynamic principles. The emphasis is on creating a supportive environment in which to explore and to develop insights into underlying feelings and thoughts that, although may have been useful at one time, today reinforce ways of coping in the world that are no longer effective or relevant. Through guidance in therapy, a person learns that there are a range of options for solving problems that previously were unknown, felt out of reach, or were avoided due to an internal conflict. Depending upon the client, I may also draw upon systems theory, attachment theory, or choice theory/reality therapy, among other modalities.

## Office Visits

Duration of Office Visits: Intake session is 1 hour. After that, standard sessions are 50 minutes. Standard sessions may be longer if requested, and this additional time is pro-rated.

Late Attendance: Your appointment time is reserved for you. If you are late to an appointment the session will end on time and not run over into the next person's session.

#### Fees & Payment

Cancellation Policy: In compensation for professional services, I charge \$50.00 for missed sessions or for any session cancelled with less than 48 hours advance notice (except in extenuating circumstances). In most cases insurance will not reimburse missed sessions.

Standard Fee: The standard fee is \$120 for a 50-minute session. The fee is in the mid-range for private practice psychotherapy in the Twin Cities area. For a limited number of clients who qualify, I do offer a low-income, sliding fee scale. Any such reduced fee should be low enough that it does not constitute a debilitating financial burden, while it should be substantial enough that it constitutes a meaningful sacrifice for the client.

Additional Services: I charge \$25 per 15 minutes for additional services that are not ordinarily required for an appointment hour, such as requests for a report to be written, extensive email or telephone conversations, consultations with other professionals with your written permission, etc.

Billing: Accounts are settled at time of our office consultation. You may pay by Personal Check, Cash, or Credit

(VISA and MasterCard). If you choose to pay with credit by consenting to my keeping your credit information on file, an additional Convenience Fee does apply (3.5% of total). Longer-term clients can arrange to be billed monthly.

Late Payment Policy: Payment received later than 30 days from date of invoice are subject to a \$25.00 surcharge. This late charge of \$25.00 will be incurred for each additional month that an invoice remains unpaid. There is a \$35 charge for any returned check.

Insurance Reimbursement: I am an in-network provider for many major insurance plans, and I can also be seen as an out-of-network provider for some insurance plans. If you have a health insurance policy with mental health coverage, I will submit claims materials for you. I will oftentimes contact the insurance company on your behalf to help determine coverage information and to facilitate payment. Ultimately, however, you will be responsible for all communications with your insurance a carrier regarding payments, deductibles, limits of coverage, or need for prior authorizations. If your insurance plan does not reimburse for services, you are responsible for charges incurred and it is expected that you will pay in a timely manner, within 30 days of receipt of an invoice.

## **Contacting Me**

Telephone: I am often not immediately available by telephone. While I am generally in my office Monday through Friday, I normally will not answer the phone while I am with a client. My telephone is answered by voicemail, which I monitor frequently. I will make every effort to return your call on the same day you make it. I do not normally retrieve messages in the evenings, on weekends, or during holidays. If you are difficult to reach, please leave some times when you will be available.

Email and Text Messages: Please note that I cannot provide security for email or text correspondence beyond using a password-protected account. If you are uncomfortable with the security limits of email or text correspondence, please indicate that email is not a good way to communicate with you on the Client Intake Information form.

Emergencies: If you cannot reach me, and you feel that you cannot wait for me to return your call or email, you should contact your family physician, the emergency room, Crisis Connection (612-379-6363), or 911. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

#### **Record Keeping**

In accordance with the Health Insurance and Portability Act (HIPAA), I keep Protected Health Information (PHI) about you in two sets of professional records. One set constitutes your Clinical Record. The other constitutes my Psychotherapy Notes.

Clinical Record: Your Clinical Record contains Intake Information regarding your reasons for seeking therapy, your diagnosis, the goals that we set for treatment, your progress towards those goals, and a brief medical, social and treatment history. It may also include any information that you have authorized, in writing, to be been shared between any of your other providers and me. On an ongoing basis, I also keep very brief Clinical Case Notes, noting only what general topics, goals and themes we have discussed and what interventions happened in session.

You should be aware that your contract with your health insurance company requires that I provide it with a diagnosis in order for them to provide payment. In addition—although this happens rarely—they may request information relevant to the services that I provide to you. In such cases I make every effort to release only the minimum information about you that is necessary for the purpose requested. By signing this Agreement, you agree that I can provide requested information to your carrier when necessary to receive reimbursement and/or to continue treatment.

Psychotherapy Notes: Psychotherapy Notes are notes for my own use and are designed to assist me in providing you with the best treatment. They are kept separate from your Clinical Records. While insurance companies can request and receive a copy of your Clinical Record, they cannot receive a copy of your Psychotherapy Notes unless I determine that withholding the information they contain could be detrimental to your physical or mental health or that of another.

## Confidentiality and its limits

Privacy and Confidentiality: At Core Psychotherapy your privacy will be respected at all times. Everything said and documented in relation to these services is strictly confidential. Core Psychotherapy will not—and cannot according to legal and ethical standards—disclose any information without the client's written permission. There are a few exceptions. Your signature on this Agreement provides advanced consent for those activities, as follows:

Consultation: I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these potential consultations unless I feel that it is important to our work together.

Maintenance of Records: In accordance with the Health Insurance Portability and Accountability Act (HIPAA), privacy standards are moving towards requiring the maintenance of electronic records rather than paper records. In the event that software used to keep electronic records needs to be developed or troubleshot, a software consultant, subject to a binding confidentiality contract with me, may need to access the software infrastructure and database.

Duty to Warn and Protect: There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.
- If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization. If a client threatens to harm him/herself, I may be required to seek hospitalization for the client, or to contact family members or others who can help provide protection.
- Please also see Notice of Privacy Rights and Practices.

These situations are rare in my practice. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action.

#### **Client Bill of Rights**

The Board of Behavioral Health and Therapy of the State of Minnesota requires that this Client Bill of Rights be provided to all new clients. We can discuss any questions you may have; you have the following rights:

- 1. to expect that a therapist has met the minimal qualifications of training and experience required by state law;
- Mathew Quaschnick, M.A., LPCC is a Licensed Professional Clinical Counselor (LPCC).
- My Masters degree is in Counseling and Psychological Services from St. Mary's University of Minnesota.
- My practice license (LPCC00636) is issued by the State of Minnesota Board of Behavioral Health and Therapy (BBHT).
- 2. to examine public records and credentials maintained by the Board of Behavioral Health and Therapy;
- 3. to obtain a copy of the Rules of Conduct from the State Register and Public Documents Division, Department of Administration, 117 University Ave., St. Paul, MN 55155;
- 4. to report complaints to the Board of Behavioral Health and Therapy, 2829 University Avenue SE, Suite #210, Minneapolis, MN 55114-3220;
- 5. to be informed of the cost of professional services before receiving the services;
- 6. to privacy as defined by the rule and law;
- 7. to be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving psychological services;
- 8. to have access to your records by Minnesota law;
- 9. to be free from exploitation for the benefit or advantage of the counselor

Complaints: If you are unhappy with what is happening in therapy, I hope you will talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, you can report my behavior to the above address. You are also free to discuss your concerns about me with anyone you wish, and you do not have any responsibility to maintain confidentiality about what I do that you do not like, since you are the person who has the right to decide what you want kept confidential.

Consent to Treatment
I,, am voluntarily agreeing to receive psychological services
(or am the legal custodian of and am voluntarily agreeing to receive psychological services for my custodial minor and family) from Mathew Quaschnick, MA, LPCC.
If at any time during the treatment I have questions about any of the subjects discussed in this document, or have any questions about the nature and course of treatment, I understand that I can talk with you about them, and you will do your best to provide a clear and understandable answer to my question(s).
I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I agree to make every effort to discuss my concerns about my progress with you before ending therapy with you. I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.
By signing below, I acknowledge that (1) I have read the above information and understand its meaning, and (2) that
I have received Core Psychotherapy's Notice of Privacy Practices and Notice of Privacy Rights which outline the Health Insurance Portability and Accountability Act (HIPAA) standards and guidelines.
Client Signature:, Date:
(or Signature of Parent/Guardian of Client, if applicable)