

# Rose Psychotherapy Policies and Informed Consent

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Rose Psychotherapy

## CLIENT INFORMATION

Client Name:

Client DOB:

Address:

Phone Number:

Okay to leave messages.

Yes, I would like to receive text appointment reminders at this number.

No, I would NOT like to receive text appointment reminders at this number.

Alternate Phone Number:

Okay to leave messages.

Yes, I would like to receive text appointment reminders at this number.

No, I would NOT like to receive text appointment reminders at this number.

E-mail Address:

Yes, I would like to receive e-mail appointment reminders at this address.

No, I would NOT like to receive e-mail appointment reminders at this address.

Alternate E-mail Address:

Yes, I would like to receive e-mail appointment reminders at this address.

No, I would NOT like to receive e-mail appointment reminders at this address.

## **INFORMED CONSENT**

### **COMPETENCY**

Callie Rose is a licensed independent clinical social worker. She holds a master's degree in social work. She is trained in the AIR Network trauma model and Accelerated Resolution Therapy. She has been in therapy and social work practice since 2016.

Please note that an LICSW in the State of Minnesota cannot prescribe any medication or advise you on medication questions and will refer you to a prescribing professional for any medication questions. They will also not provide you with any advising on legal matters and will suggest you seek legal counsel for all legal questions.

### **VOLUNTARY PARTICIPATION**

Therapy is a big investment of time and money. It is important you feel comfortable and free to talk about your feelings. Although this may not happen right away, if you have been meeting for a few sessions in and are not feeling comfortable or it is the right fit, you can request to change therapists at any time and Rose Psychotherapy will help you find a new therapist to fit your needs.

Rose Psychotherapy expects clients to arrive on time to the session and free of mood-altering chemicals. For therapy to be successful for you, it may require work outside of session. We can discuss this in sessions to ensure it meets your needs. Inconsistent attendance to therapy can make progress difficult.

### **RISKS AND BENEFITS OF THERAPY**

While the goal of therapy is to feel better, there is a risk you may not feel better after a therapy session or that your symptoms may worsen due to discussing difficult subjects. This can also happen when we utilize skills and disrupt the (although perhaps unhealthy) equilibrium in our family system. We will talk about these risks throughout our time in therapy together. Benefits may include increased ability to cope, decrease in unwanted symptoms, improvement in interpersonal relationships, and improved self-esteem.

### **APPOINTMENTS AND CANCELLATIONS**

Please remember to cancel or reschedule 24 hours in advance. You may be responsible for the \$125 cancellation fee if cancellation is less than 24 hours. Any missed appointments for which no prior notice was given may be charged a no-show fee of \$125. I hereby give consent to access my credit card or to bill me directly for these charges. After three cancellations within 24 hours or no shows, Rose Psychotherapy will refer you to another therapist, so you have an opportunity to re-engage in your care and find success, even if it is not with your current practitioner.

The standard meeting time for psychotherapy is 50-53 minutes. If you are late for a session, you may lose some of that session time. It is up to you, however, to determine the length of time of your sessions. If you are not using insurance for your sessions, you may opt to participate in longer sessions, and this can be discussed with your therapist to determine the need and scheduling process.

Cancellations and re-scheduled sessions will be subject to a \$125 fee if NOT COMMUNICATED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you will still be responsible for the full fee of the session.

## **CONSENT TO RECEIVE ELECTRONIC NOTIFICATIONS**

Rose Psychotherapy can send electronic notifications to your e-mail address and/or as a call/voicemail/text (if you have texting capability; available for most cell phone providers) to your phone. Please be aware of any costs associated with texting to your mobile phone. Check with your mobile service provider if you have questions before agreeing to receive text messages.

An email, text message or phone call/voicemail would arrive to your email or phone and may include things like appointment reminders or notifications about your client portal account. If you agree now, you can always opt out of electronic notifications in the future by following the instructions in the email or text message, or by contacting Rose Psychotherapy.

Rose Psychotherapy cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you choose to use information technology for some or all your treatment, please understand that e-mail and texting are not a secure method of communication. Privacy cannot be assured. Please note that if we are arranging meeting times over e-mail that I will give you multiple options. However, these times are on a first come first service basis. Please also be aware if you are using a work e-mail, the corporation you work for has access to these e-mails and therefore your confidentiality is further limited.

For Telehealth appointments, privacy also cannot be fully assured. Telehealth sessions are offered through Zoom and through Therapy Notes EHR. Further discussion will be had to determine if telehealth is an appropriate method for counseling. Please check with your insurance company to determine if it is covered.

By signing at the end of this document, I authorize Rose Psychotherapy to send electronic notifications to the email address(es) and phone numbers I have provided.

## **CONFIDENTIALITY**

Issues discussed in therapy are important and are ordinarily protected as confidential and/or "privileged." The session content and all relevant materials to the client's treatment will be held confidential unless you request in writing to have all, or portions of such content released to a specifically names person/persons. However, there are limits to the rights of confidentiality and privilege, and in some situations, we may be required to disclose otherwise confidential or privileged information and/or records even if you do not authorize us to do so. These situations include but are not necessarily limited to when:

- We have reason to believe that there has been abuse or neglect of a child, elderly person, or a vulnerable adult.
- We have reason to believe that you are in danger of harming yourself or another person or you are unable to care for yourself.
- We receive a court order, subpoena, or other legal process requiring us to disclose otherwise confidential or privileged information and/or records. This includes if a client is being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
- We are required by your insurance company or other third-party payor to disclose information and/or records to, for example, process a claim for reimbursement or coverage, respond to an audit, or facilitate a case review or appeal.
- We are required by a licensing board or other regulatory authority to disclose information and/or records.
- We are otherwise required by any federal, state, or other statute, rule, order or other law to disclose the information and/or records.

Due to Minnesota Regulatory requirements and the value Rose Psychotherapy places on case consultation and quality client care, Rose Psychotherapy may need to consult with other professionals in their areas of expertise to provide the best treatment to you. Information about you may be shared in this context without using your name.

#### **CLIENT NOTICE OF PRIVACY PRACTICES**

This notice is available on Rose Psychotherapy's website at [www.rosepsychotherapymn.com](http://www.rosepsychotherapymn.com).

If client is a minor, by signing this document, you consent to Rose Psychotherapy uploading any applicable divorce decree/custody agreement to the minor's electronic health record.

If you believe that your privacy has been compromised or if you are seeking more assistance regarding your personal health information, you can contact Rose Psychotherapy via e-mail at [callie@rosepsychotherapymn.com](mailto:callie@rosepsychotherapymn.com) or by phone at (612) 293-8564.

#### **SAFETY**

To maintain a secure environment, no weapons are permitted on the premises of Rose Psychotherapy's office location. This includes firearms, knives, or any potentially harmful objects. However, law enforcement officers are an exception to this policy, recognizing their duty protocols for public safety. In the interest of safety, providers may stop a session at any time or call for assistance if weapons are found in violation of this policy.

#### **CLIENT NOTICE FOR FILING A GRIEVANCE**

The nature of the services provided by Rose Psychotherapy are voluntary. Rose Psychotherapy supports your right to the privacy of your health information. Rose Psychotherapy will not retaliate in any way if you choose to file a complaint. If at any point you are unhappy or feeling uncomfortable you are able to file a formal grievance through the following steps:

- Discuss your concerns with your provider to see if they can be resolved.

- Any unresolved complaints may be reported to:

Department of Human Services

444 Lafayette Road

St. Paul, MN 55155

Phone: (651) 296-6851

- Unethical behaviors may be reported to:

Minnesota Board of Social Work

335 Randolph Ave., Suite 245

St. Paul, MN 55102-5502

Phone: (612) 617-2100 or 888-234-1320

E-mail: [social.work@state.mn.us](mailto:social.work@state.mn.us).

#### **RELEASE OF RECORDS**

All client information is considered strictly confidential (subject to limitations authorized or required by law) and will not be given out to anyone without your prior written consent or other legal authorization. In the event of a request for copies of or a transfer of client records, the records will be forwarded only after receipt by Rose Psychotherapy of proper signed written authorization from the client or other authorized persons. Please note that email and text communication is not secure and therefore confidentiality cannot be guaranteed.

## **RECORDINGS**

Rose Psychotherapy does not permit audio, video, or other electronic recording by clients of any services provided without the express written permission of an authorized representative of Rose Psychotherapy. Any violation of this policy may result in immediate termination of the services being provided.

## **AFTER-HOURS EMERGENCIES**

Rose Psychotherapy is not available for after-hours emergencies. Messages are checked during office hours of 9:00 a.m. to 7:00 p.m. For after-hours emergencies or if you need immediate assistance, call 911, your medical group, or primary care physician. Here are some additional mental health crisis resources:

- Crisis Connection (24-hour crisis line): 612-379-6363,
- University of MN Children's Mental Health Emergency: 612-672-6600
- Hennepin County Medical Center Acute Psychiatric Services/Crisis: 612-873-3161
- Hennepin County Crisis Response Team: 612-596-1223
- Scott County Crisis Response Team: 952-818-3702
- Dakota County Crisis Response Team: 952-891-7171
- Ramsey County Crisis Response Team: 651-266-7878

## **TELEPHONE ACCESSIBILITY**

Rose Psychotherapy is not available for crises and any communication between sessions is not guaranteed a response unless it is regarding scheduling. Rose Psychotherapy will return messages within 48 hours, during business hours. Please use the client portal for secure messaging. Therapy is offered during scheduled session time and increased communication outside of session time increases the likelihood therapy is happening outside of session.

## **CLIENT RIGHTS AND CONSENT FOR SERVICES**

Rose Psychotherapy does not discriminate based on race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, or sex, including sex stereotypes and gender identity. Please also reference Minnesota Patients' Bill of Rights and Minnesota Client Rights & Protections. A copy of these rights is in the Rose Psychotherapy office and found on Rose Psychotherapy's website at [www.rosepsychotherapymn.com](http://www.rosepsychotherapymn.com). If at any time you should have questions about these, feel free to ask your practitioner.

## **SOCIAL MEDIA**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, Rose Psychotherapy staff does not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Rose Psychotherapy believes adding clients as friends or contacts on these sites can compromise your confidentiality and respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions about this, please bring them up when meeting with your practitioner to discuss further. It is not legal for Rose Psychotherapy staff, as a social worker, in the State of Minnesota to have dual relationships with clients. There are rare and extenuating circumstances, but these are on a case-by-case basis.

Additionally, Rose Psychotherapy staff will not acknowledge you in the community unless you initiate contact first, due to confidentiality.

## **TERMINATION**

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. Rose Psychotherapy may terminate treatment after appropriate discussion with you and a termination process if it is determined psychotherapy is not being effectively used or if you are in default on payments. Rose Psychology will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating.

Rose Psychotherapy will notify you if the therapeutic relationship needs to be terminated for either lack of participation or default payments. Termination may also occur at any time per your request. Rose Psychotherapy will honor your request and will share with you if Rose Psychotherapy believes it is not in your best interest and why (i.e. chronic avoidance behavior). Rose Psychotherapy will then provide appropriate referrals for alternative therapists. You may also choose someone on your own or from another referral source.

It is also important to note that termination of the therapeutic relationship can be positive as this is usually the identified goal when starting services. If session frequency decreases and sessions include discussing termination, this means you are moving toward your goals and making progress. It can be uncomfortable to think about terminating therapy but know this conversation will occur over as many sessions as you need, and the goal is to never leave a client feeling abandoned when they are reaching their goals and approaching termination. You may request to re-engage with services at any time if symptoms recur.

Should you fail to schedule an appointment for three consecutive months, unless otherwise agreed upon already, for legal and ethical reasons, Rose Psychotherapy must consider the professional relationship discontinued.

## **HEALTHCARE DIRECTIVE**

Please note, if you would like Rose Psychotherapy to have a copy of your healthcare directive, you are responsible for providing this information. This is not a requirement but can be helpful in providing the best treatment in case of emergencies.

## **FINANCIAL POLICIES**

### **CLIENT ACKNOWLEDGEMENT OF RESPONSIBILITY FOR PAYMENT OF SERVICES**

I authorize Rose Psychotherapy to release any medical information to my insurance company that may be deemed necessary to process an insurance claim. It is my intent that a copy of this authorization carries the same force and effect as the original. I certify that the information provided on this form is correct to the best of my knowledge. I authorize my insurance company to assign benefits to Rose Psychotherapy.

I agree to notify immediately any representative with Rose Psychotherapy whenever there are any changes to my health condition and/or health insurance plan coverage. I understand that I am ultimately responsible for payment to Rose Psychotherapy for any and all services rendered to me at the time of my visit; this includes deductible balances, coinsurance and co-payments. I also understand that if I suspend or terminate my care and treatment for any reason, or if my group or individual health insurance plan does not cover my treatment or is terminated during my treatment, I am responsible for any uncovered or ineligible charges and/or unpaid balance.

I accept full responsibility for my treatment, and I release Rose Psychotherapy and all members of the Rose Psychotherapy staff from all liability in the unlikely event that a problem arises from my treatment. I acknowledge that this contract agreement is between my health insurance carrier and me, not Rose Psychotherapy. I have obtained pre-authorization from my insurance company if preauthorization is a requirement to receive benefits.

If you are planning to attend a session in-person, but need to switch to telehealth at any time, this is completely acceptable and understandable. However, if you are out of state at the time of the appointment, Rose Psychotherapy is not able to see you. Rose Psychotherapy is only able to see clients who are physically located in the state of Minnesota at the time of the session. Rose Psychotherapy also cannot conduct therapy while you are driving due to liability purposes. If your session begins and you are driving, you will be asked to join the session again when you are no longer driving (unless it is past our allotted session time) and you will still be responsible for the full appointment fee.

By signing at the end of this document, I affirm and certify that the above information is complete and accurate to the best of my knowledge.

### **FINANCIAL POLICIES ACKNOWLEDGEMENT AND AGREEMENT**

**PRIVATE PAY:** You are a 'Private Pay' client until you provide Rose Psychotherapy with your completed insurance information to determine your qualification and acceptance of health insurance coverage. Individual therapy is billed at the rate of \$175 per 53-minute session. A diagnostic assessment, required for the first session of all clients, is billed at \$225 per 60-minute session. Family therapy is billed at the rate of \$200 per 53-minute session. All payments are due at the beginning of each session. Rose Psychotherapy accepts cash or credit cards (MasterCard, Visa, or American Express). Rose Psychotherapy does not offer sliding fee scale options for the services provided.

### **BILLING**

If you are using your health insurance, your signature on this form is giving permission to Rose Psychotherapy to disseminate to your health insurance company the required information for billing. This information will likely include your diagnosis, treatment plan and interventions, appointment dates and duration, progress, and occasional information for audits.

**CREDIT CARD ON FILE REQUIRED:** To streamline billing and payment and provide a convenient way for clients to pay their bills, Rose Psychotherapy REQUIRES all patients keep an active credit card on file. If your credit card on file needs to change, please notify Rose Psychotherapy immediately. All payments are due at the beginning of each session, including co-payments, and immediately upon receipt of any billing statement. Rose Psychotherapy provides regular statements of your account to keep track of services and payments.

You may elect to enroll in autopay in which your credit will be charged upon receipt of a billing statement. You may opt out of autopay, but if your balance is more than 60 days past due, your credit card will be charged the remaining balance if a payment plan has not been set up.

Circumstances when your card would be charged, and to which I give consent, include but are not limited to missed or canceled sessions without 24-hour notice; missed copayments, coinsurance, and deductibles; any non-covered services and/or denial of services by insurance.

Any missed appointments in which 24-hour prior notice was not given may be charged a late cancel fee of \$125. Any missed appointments for which no prior notice was given may be charged a no-show fee of \$125. I hereby give consent to access my credit card or bill me directly for these charges.

If the card on file is declined for any reason, Rose Psychotherapy will attempt to seek payment from you through e-mail communication, by a phone call, by mail, or any combination of these communication methods. If payment is not made or a payment plan is not established within 30 days, Rose Psychotherapy reserves the right to send the bill to collections. If a balance is unpaid, Rose Psychotherapy reserves the right to suspend services until the balance is paid or a payment plan is established.

If the client is a minor, at least one parent/legal guardian is responsible for providing a credit card on file for payment of services. It is NOT the responsibility of Rose Psychotherapy to assess and process payments according to a divorce decree or court order. It is the responsibility of the minor client's parents/legal guardians to resolve payment discrepancies independent of Rose Psychotherapy. A receipt will be provided for this purpose.

**BILLING STATEMENTS:** To ensure secure and convenient access, Rose Psychotherapy is authorized to transmit a copy of your billing statement to the activated portal. You retain the option to withdraw this consent at any time by providing written notification.

**IDENTIFICATION AND INSURANCE SUBMISSION FOR OUR CLIENTS:** Rose Psychotherapy requires a copy of your insurance identification card and driver's license for all clients to submit claims on your behalf.

**TELEPHONE/TEXT CONSULTATIONS:** Telephone/Text conversations with your clinician other than setting an office appointment time, are considered an "office visit" and you may be charged a prorated hourly fee. Please note that while therapeutic services may be offered via telephone or video exchange, insurance may not cover the cost of these services. Additionally, therapeutic services are not to be conducted over text messaging or other electronic exchange unless specifically addressed in the treatment plan and both the clinician and client agree to terms regarding electronic exchanges.

**PREPARATION OF FORMS AND REPORTS:** Should you request forms or reports to be completed on your behalf, we will assist you in the process. Completion of forms or reports requires that a provider review a patient's chart and often will require a discussion with the client. There is a minimum charge of \$35 up to a maximum of \$250 per hour.

**COURT APPEARANCES:** Due to the confidentiality of the client-provider relationship, the provider does not typically testify in court without a court order requiring them to do so. In such cases, the provider will be monetarily compensated as set forth below.

Unless otherwise limited by law, the client agrees to pay the provider for his or her time preparing for and testifying, including travel, and necessary expenditures (copies, parking, meals and the like) at the following rates: The cost for a therapist to appear in court/arbitration or at a deposition is \$250 per hour, rounded to the nearest half hour, for a total of two thousand (\$2000) dollars per a maximum 8-hour day.



The client further agrees to pay the minimum charge amount(s) outlined above two weeks prior to the appearance, presentation of records or testimony requested. If the hearing is cancelled, the client must notify the provider as soon as they know, and the client will be reimbursed up to half of the fees, excluding any time already incurred. Unless otherwise specified in writing, the providers of Rose Psychotherapy do not agree to provide services as expert or forensic witnesses, and any oral or written communication or testimony required and/or provided by them will be limited to factual information only.

By signing at the end of this document, I attest that I have read and understand the above policies.

I have read and understand the above policies. I further understand that the information I have furnished is to be used for management purposes and the agency will ensure confidentiality. I understand that it is my responsibility to read and understand the policies for all services whether I am attending now or ever attend these services in the future. I may inquire about or object to the methods and/or type of information stored. My rights are protected under the State and Federal Confidentiality laws and any release of information requires my consent except where required and permitted by law, including child abuse and/or neglect and the intent to harm others or myself. I give my consent to Rose Psychotherapy to provide evaluation, treatment and/or other services that we mutually determine to be appropriate. I am participating voluntarily, and I understand my right to refuse or discontinue treatment at any time. I have had the opportunity to discuss my reasons for seeking services and I understand my responsibilities in the therapeutic relationship.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature:

Date:

## **MINOR CONSENT AGREEMENT**

The following information pertains to minor clients only and a signature at the end of this portion IS NOT required for adults seeking services. A signature at the end of this document IS required for minor clients and their parents/legal guardians receiving individual or family therapy services.

### **PARENT INVOLVEMENT**

Rose Psychotherapy attempts to work with parents/guardians to support therapeutic progress whenever possible but has the right to set appropriate boundaries based on the child's safety and best interests.

### **CONSENT AND LEGAL CUSTODY**

Parents with legal custody are authorized to make decisions about a minor's medical and mental healthcare. Rose Psychotherapy will presume that parents of a minor retain equal legal custody rights unless and until documentation noting alternative custodial rights is provided. There are special circumstances where Rose Psychotherapy must follow MN laws that differ. These will be discussed on a case-by-case basis.

### **SHARING OF INFORMATION BETWEEN PARENTS**

It is the responsibility of parents and/or legal guardians to coordinate scheduling and share relevant information regarding therapeutic services with one another.

### **MINOR'S CLIENT PORTAL**

Paperwork sent through the client portal is only able to be accessed and signed by a single e-mail address. Parents who are divorced or separated are encouraged to coordinate access to the client portal through a single, joint email address and/or coordinate the dissemination of information and signing duties between themselves.

### **SAFE HARBOR**

Safe Harbor is an agreement that legal guardians sign regarding the purpose and use of therapy for minors. It is best practice for minor clients to have a Safe Harbor agreement on file and signed by any parent/guardian who retains the right to access a minor's treatment information or documentation. Please note, Rose Psychotherapy may refuse to work with minor clients whose parent/guardian refuse to sign this document.

### **CONFIDENTIALITY**

Rose Psychotherapy will involve parents in the therapeutic treatment of a minor in a manner that meets the developmental and presenting needs of a child. Clinicians recognize the need for minor clients to have privacy and confidentiality within therapy sessions as well. Confidentiality of the minor will be maintained in accordance with the law. Confidentiality may be broken in situations outlined within the broader client consent or when the clinician deems it appropriate and necessary for a minor's ongoing safety or treatment progression.

If you are a minor, your parents may be legally entitled to some information about your services with Rose Psychotherapy. Your practitioner will discuss with you and your parents what information is appropriate for your parents to receive and which issues are more appropriately kept confidential. A general rule of thumb is that information will be shared with parents/guardians if a minor client's safety is at risk.

Per Minnesota law, all parents whose rights have not been terminated (or otherwise limited by court order) have a right to access information about a minor's medical and mental healthcare.

Records will be shared with parents and/or legal guardians when requested in writing and a signed Release of Information is provided. However, Rose Psychotherapy reserves the right to redact or refuse the release of records when the client's safety or well-being could be compromised. Additionally, the Safe Harbor agreement provides additional information on permissible uses of records, so please review it carefully.

### **NO CUSTODY RECOMMENDATIONS**

Rose Psychotherapy will support minor clients through difficult life situations in accordance with their treatment plans. Rose Psychotherapy cannot and will not make recommendations regarding child custody or visitation arrangements, custodial rights, or placement.

### **CARE COORDINATION AND MEETING ATTENDANCE**

Rose Psychotherapy recognizes the importance of being a supportive member of a minor client's team and will offer consultation and support as much as they are able. Rose Psychotherapy reserves the right to bill insurance plans or the minor client's guardian privately for time spent attending meetings, reading, and responding to emails, and/or providing consultation. Private pay agreements will be discussed prior to the meeting/event. The ability to attend meetings is subject to availability and cannot be guaranteed.

### **COMMUNICATION**

Communication with parents/guardians and additional members of a minor client's team is often essential to therapeutic progress. Rose Psychotherapy will respond to communication from parents/guardians and others as much as they are able. Rose Psychotherapy is unable to provide thorough recommendations, interventions, or parental support through e-mail or text communication. Should more than a brief answer be required, please schedule a parent session with Rose Psychotherapy too so the provider can be as helpful as possible.

### **SCHOOL EXCUSE NOTICE**

A school excuse letter can be requested from Rose Psychotherapy for absences caused by appointment attendance. This will be provided to the parent directly for distribution to necessary individuals/systems.

### **PAYMENT FOR SERVICES**

You are responsible to pay any unreimbursed medical expenses (out-of-pocket expenses, deductible, copays, etc.) based on whatever court order or parental agreement you typically follow. At least one parent/legal guardian is responsible for providing a credit card on file for payment of services. It is NOT the responsibility of Rose Psychotherapy to assess and process payments according to a divorce decree or court order. It is the responsibility of the minor client's parents/legal guardians to resolve payment discrepancies independent of Rose Psychotherapy. A receipt will be provided for this purpose. Rose Psychotherapy is not able to provide divided billing statements.

### **ACCESS AND AVAILABILITY DURING APPOINTMENTS**

For minors under 16 years of age, a responsible adult must be present and/or easily available during any in-person appointments unless specifically arranged Rose Psychotherapy. For minors over 16 years of age and services delivered via telehealth, a parent/guardian must be able to be easily contacted during appointment times should an emergency arise. Rose Psychotherapy reserves the right to require a responsible adult's presence for either office-based or telehealth appointments for services to occur.

If you have any questions or concerns about your child's participation in services, please contact Rose Psychotherapy via e-mail at [callie@rosepsychotherapymn.com](mailto:callie@rosepsychotherapymn.com) or by phone at (612)293-8564.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature (if applicable):

Date:

Parent/Guardian Signature:

Date:

Relationship to client:

Parent/Guardian Signature:

Date:

Relationship to client: