

**Vonda Tiede Therapy  
Clear Passage Counseling  
7671 Central Avenue N.E. Suite 101  
Fridley, MN 55432  
Vonda Malone Tiede, MA, LAMFT**

**Disclosure Statement and Agreement for Services**

**Introduction**

This document is intended to provide important information regarding your treatment, including our policies. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.

**About the Therapy Process**

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide and the specifics of your situation, I will provide you recommendations regarding your treatment. I believe that therapists and clients are partners in the therapeutic process. You have a right to agree or disagree with my recommendations. I will periodically provide feedback about your treatment and will invite your input.

Psychotherapy can have benefits and risks. Since therapy involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has been shown to have benefits for people who go through it, such as improved relationships, reductions in feelings of distress, and resolution of concerns that brought you into therapy.

Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or guarantee a specific outcome. If you have concerns that you are not benefiting from the therapy, I encouraged you to discuss this with me. We may collaborate on a more effective strategy, or you may decide to conclude therapy. You are free to conclude therapy at any time. It is best to discuss your plans to conclude ahead of time and plan for the termination session.

**Information about Your Therapist**

**Vonda L. Malone Tiede** is a Licensed Associate Marriage and Family Therapist (MN License #3601). She holds an M.A. in Marriage and Family Therapy from St. Mary's University, Minneapolis, MN. Vonda is a Clinical Member of the *American Association of Marriage and Family Therapy (AAMFT)*.

**Supervision**

I am currently under professional supervision while I pursue final licensure. Should you have any concerns about your therapy or my conduct, please contact Lisa Ervin, LMFT (MN License #1353). Lisa's office address is 7400 Metro Blvd. #220, Edina, MN 55439. She can be reached at 952-393-7528

### **Appointment Length and Fees**

Typically, appointments are 53 minutes in length. As of January 1, 2019 the fee for co-therapy (two therapists) for an individual or couple session is \$155.00. The fee for individual therapy (one therapist) is \$130. I also offer a sliding scale for individual therapy at .01% of your yearly income. For example, if your yearly income is \$100,000, each session would be \$100. The minimum fee is \$85. Longer appointments are occasionally requested by clients. The fee for a longer appointment will be prorated based upon the established 53 minute session fee.

Fees are payable at the time services are rendered, unless otherwise noted due to insurance company policies. Cash, check or most credit cards are acceptable forms of payment. Please ask me if you wish to discuss a written agreement that specifies an alternative payment arrangement. If for some reason you are unable to continue paying for therapy, please communicate this with me so I can help you consider options that may be available to you.

### **Using Insurance Benefits**

Please inform me if you wish to use health insurance to pay for services. You are responsible to contact your insurance company to understand your benefits and I will also verify this information. The amount of coverage, co-pays and deductibles vary based on the requirements of your specific plan. Although I will verify your insurance benefits, **my verification of benefits does not insure coverage in the event that your benefits are misquoted to me. You should be aware of your benefits and limits of coverage since you are responsible for payment of any services I render to you.** Please discuss any concerns that you may have about this with me.

I utilize an electronic claims submission process. If you utilize insurance, I will be required to release information to the insurance company for processing of insurance claims. This information includes mental health diagnosis required for behavioral health claims. Sometimes additional information is requested, such as treatment plans, or copies of progress notes. Though all insurance companies claim to keep such information confidential, I have no control over what they do once the information is provided to them.

### **Frequency of Appointments**

I typically recommend weekly appointments through the duration of the *active phase* of therapy. This frequency allows us to provide adequate emotional support for the deep work of therapy. Weekly sessions are a mutual commitment, and I ask that you make all efforts to attend your appointments each week.

*Effective January 1, 2019 after you miss/cancel five appointments in the calendar year you will be responsible to pay for future missed/cancelled appointments regardless of the reason for missing/cancelling. This will be half of your typical fee. If you use insurance, it will be half of what your insurance pays, if you pay cash, it will be half of your cash fee. This does not include weeks I will be unavailable and the week of Christmas. Please be candid with your questions about this new policy.*

Please note that I will make reasonable efforts to offer you an alternative time if you need to reschedule; however, I cannot guarantee a make-up appointment due to limited availability of appointment times.

If attendance at weekly appointments becomes inconsistent, I will discuss this with you and encourage your commitment to weekly sessions.

Once you are beginning to reach your goals, I will discuss a termination phase of therapy. During this phase, I typically reduce frequency of appointments. I do suggest that at the conclusion of your therapy a final termination session be conducted to assess our work together and the achievement of your therapeutic goals. I do not suggest ending therapy by phone or e-mail communication, as the termination of therapy is considered to have therapeutic value.

### **Cancellation of Appointments**

I will provide a predictable appointment of the same time and day each week (whenever possible). If you know of conflicts in your schedule, I ask that you advise me as soon as possible of your need to cancel or reschedule an appointment. This allows time to schedule others who are waiting for an appointment.

Your appointment is a joint commitment to meet together to address your concerns on a weekly basis. Once an appointment is established, you will be expected to provide **24 hours advance notice of cancellation. The late cancellation/failed appointment fee is \$75.** This is payable before your next session is scheduled. Insurance companies do not cover a failed appointment charge, and HSA cards are not usable.

### **Concluding Therapy**

You may choose to conclude therapy at any time, and for any reason. Most people conclude therapy when they feel they have gained what they hoped to gain from the process. They may find that the symptoms they were experiencing at the beginning of therapy have been reduced significantly. They may also conclude therapy if they believe they are not benefitting from the process. Others conclude therapy for financial reasons or scheduling issues. Your participation in therapy is voluntary and you may conclude as you wish.

There are occasions when it would benefit clients to explore the reasons they wish to conclude therapy. That exploration may be an important part of the therapy process. I may encourage you to explore the feelings around the desire to conclude therapy, especially if I believe that there are relevant therapeutic issues, such as difficulty tolerating strong emotions brought up by the therapy, avoidance of relationship issues, or other relevant therapeutic issues. If you are invited to explore these dynamics, you are free to engage in that exploration, or to decide not to engage in that process.

There are occasions in the course of couples therapy when one party wishes to conclude therapy, and the other party does not feel ready to do this. I encourage each member of a couple to maintain therapy until both believe their goals have been met, or until both agree. There are some exceptions to this principle, which may emerge in the therapy process.

**It is strongly recommended that decisions to conclude therapy be discussed in session, not by phone message or e-mail. If you leave an e-mail or phone message, I will encourage you to come in for a final session to have intentional closure. This is a part of the therapeutic process and generally includes reviewing goals, progress, and your future plans for maintaining therapeutic gains. I will encourage this to be an intentional collaborative process between us.**

### **Contacting your Therapist**

I am often not immediately available by telephone. I am unable to answer telephone calls when I am seeing other clients. When I am unavailable, your call will be answered by my personal and confidential voicemail. I answer phone calls Monday - Friday; I typically do not answer phone calls on the weekends or holidays. I will make every effort to return your phone calls within 24 hours during the business week. If you are unable to reach me, and you are experiencing a mental health emergency, contact your physician, or the nearest emergency room and ask for the psychologist or psychiatrist on call.

### **Phone calls**

If you wish to have telephone contact between sessions to discuss matters of a clinical nature, you may contact me and request this communication. The first 10 minutes of such a conversation will not be charged. Conversations over 10 minutes are prorated based on the hourly rate. Insurance companies do not cover phone contact. Phone charges will be payable at your next appointment.

### **Professional Records**

According to the American Health Information Management Association, the legal health record "is the information that constitutes the official business record of an organization for evidentiary purposes. It is a subset of the entire patient database." Your legal health record, for our purposes, consists of presenting problem, symptoms, diagnosis, dates of service, treatment goals, progress toward treatment goals, termination, and recommendations following termination. I utilize an electronic claims and record-keeping program. This record-keeping program may contain more detailed notes than the legal health record date, but is not your legal health record.

### **Confidentiality**

In general, the privacy of all communications between a client and a mental health provider is protected by law and I can release information about our work to others only with your written permission. There are a few exceptions.

The legal system acknowledges that there are times when the client, society, or both, can benefit from release of information. The circumstances in which confidentiality can be breached are determined by the State and Federal case law. The most common circumstances include:

- Third party payer - If you are utilizing insurance, I will be required to provide a mental health diagnosis for billing. Treatment plans and records are occasionally requested by insurance companies as well.
- Court order (not subpoena)
- Collection of debt, as indicated above.
- Defense of malpractice or professional complaint.
- Danger to self or others.
- Abuse of children, elderly, mentally or physically handicapped.
- More detailed information about your privacy is contained in the Notice of Privacy Practices Document.

I regularly participate in professional consultations about cases. During a consultation, I make every effort to avoid revealing the identity of a client. The colleagues with whom I consult are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

If you participate in couples or family therapy, I will not disclose information about your treatment unless all persons who participated in the treatment with you provide their written authorization to release such information.

Also, I use a "no secrets" policy when conducting couples or family therapy. This means that in couples or family sessions, I am permitted to use information obtained in individual sessions that you have had with me when working with other members of your family. Whenever possible, disclosures will be discussed in advance in a spirit of collaboration, assisting you as a couple or family to accomplish your therapeutic goals. I will use professional judgment regarding such use of information and will release only information deemed to help the family system move forward toward accomplishing therapeutic goals.

### **Minors and Confidentiality**

Communications between therapists and clients who are minors (age 18) are confidential. However, parents and guardians who provide authorization for the minor's treatment are often involved in the treatment. Consequently, I, in the exercise of professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker. I urge clients who are minors and their parents to discuss any concerns they have on this topic with me.

### **Court Involvement**

I do not have the experience or expertise to serve in court-related testimony. I ask that you not request my involvement in court proceedings. I request your agreement that you will instruct any legal counsel not to subpoena me or refer in any court document to anything I have said or done.

Such agreement may not prevent a judge from requiring my testimony, even though I will work to prevent such an event. If I am required to testify, I will not give opinion about parental custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting consultant, I will provide information as needed (if appropriate releases are signed or court order provided), but I will not make any recommendation about the final

decision. If I am required to appear as a witness, the party responsible for our participation agrees to reimburse me at a rate of \$350.00 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case related costs.

### **Policies Regarding Electronic Communications**

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others. Many of these modes of communication put your privacy at risk. This policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and laws.

#### **Email Communications**

I use email communication with your permission only for administrative purposes. That means that e-mail should be used only for things like setting and changing appointments, billing matters, and other related issues. Please do not e-mail regarding clinical matters because e-mail is not a secure means of communication. If you need to discuss a clinical matter with me, please feel free to call so that I can discuss it on the phone or wait until your next session. The telephone or in-session context is much more secure as a means of communication.

#### **Text Messages**

I use text messages only for appointment scheduling related communications. I do not respond to text messages of a clinical nature. I request that you refrain from text messaging anything outside of appointment scheduling issues.

#### **Social Media**

I do not communicate with, or contact, any of our clients through social media. This is to maintain consistency with ethical guidelines of our profession which are established to maintain the integrity of the professional boundaries of our relationship. These are established to protect clients from dual relationships or overly casual contact outside of the therapeutic relationship.

#### **Website**

I have a website that you are free to access at [vondatiede.com](http://vondatiede.com) I use the web-site for professional reasons to provide information to others about our practice. You are welcome to access and review the information that I have on our website.

This concludes the content of this document. You will be asked to provide a live signature stating you have carefully read and understand the terms of this agreement.