

DREAMLIFE PSYCHOLOGICAL SERVICES CLIENT HANDBOOK

Welcome to my practice, DreamLife Psychological Services. This document contains important information about my professional services and business policies, along with some important disclosures intended to protect your interests. Please read it carefully and make a note of any questions you might have so that we can discuss them at our next meeting. When you sign the “Informed Consent and Authorization for Treatment” form indicating your receipt of this document, it will represent an agreement between us.

ABOUT PSYCHOTHERAPY

General Description

Psychotherapy is a process whereby the therapist and client together define, and explore the client’s problems with emotions, thinking and behavior that are causing harm or distress to the client; with the therapist offering various psychotherapeutic solutions and strategies to those problems. Ethically, I can and will only work within my scope of practice (See Areas of Competence). As such if you have a problem that I am not able to treat, or if you are unable to make progress with me, I will refer you to a licensed mental health care provider who does. In order for psychotherapy to be most effective, you will need to be actively engaged both during the session as well as between sessions, working on “homework” that I give you to do. It is common for people to enter therapy with both some eagerness and a sense of discomfort. I encourage you to ask any questions that you have about the process and to bring up any discomfort that you are feeling either with the process, or with me. At the heart of meaningful and helpful psychotherapy is a trusting relationship between the client and the therapist. And research indicates that the therapeutic relationship is a key factor in client improvement. I start with the idea that you have arrived at this moment with courage and strengths which we will build on together, and I offer you my experience and expertise without judgment of you or your circumstances that bring you to this moment. Together, I work with you to help you create the change in your life that you are seeking and the contentment that you deserve. I am committed to upholding the highest ethical standards of the practice of psychology, of providing care that is grounded in science and honors the art in the application of that science. I provide a comfortable, professional and safe place for clients and their families to begin their healing journey. Overtime we will get a sense of whether I am the best professional match for you. If either one of us decides that I am not, I will refer you to another licensed mental health professional.

Benefits and Risks

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Therapy creates a unique opportunity to make positive changes and increase self-awareness and understanding which enhances coping with life challenges and circumstances. But, like any service or treatment, there are no guarantees as to what you will experience.

The Client-Therapist Relationship

The ethical code of conduct for psychologists prohibits dual relationships between a psychologist and a client. This means a psychologist cannot engage with a client socially, either in person, through correspondence or through social media. Psychologists and clients also may not be involved in any business activities other than providing psychotherapeutic services. Psychologists may not accept gifts from clients.

PSYCHOLOGICAL SERVICES

Diagnostic Assessment

Most of the time, your first actual in-person appointment will be a comprehensive diagnostic assessment to determine the scope and severity of any mental health problems that you might have within the context of your life experiences. Although I will ask you questions about the problem(s) for which you are seeking help, I will also ask you a lot of other questions to better understand you and your problems in context. Most of the time, at the end of that appointment, I will give you feedback about the nature of any mental health problems you appear to have and recommendations for treatment of those problems. Sometimes I will need to gather additional information before I can provide specific recommendations. If treatment is indicated, and you decide to seek therapy with me, in subsequent sessions we will develop together a treatment plan that addresses your specific problems and needs. If you are seeking services for your child, the treatment plan also will be shared with you.

Sometimes people are referred by a third party for a diagnostic assessment only. In these situations, it is possible that I may not be available to be your treatment provider if treatment is recommended. If this reflects your situation, it will be explained at the outset of your appointment.

Therapy Appointments

A typical “therapy hour” is 45 minutes long, and much less frequently your appointment may extend beyond that time up to 60 minutes (e.g., if you are in a bona fide crisis). Please arrive on time for appointments. I will make every effort to do the same. If you are more than 15 minutes late for an appointment, I may decide to reschedule the appointment. If you know you are going to be late – please call ahead and we may be able to determine whether you should come for the appointment or reschedule. If I am late for your appointment, I will still see you for your full time. Most of the time, I will begin seeing clients on a weekly basis, as that is the frequency I have found to be most helpful to clients in making the changes you want to make. In some circumstances, I might recommend meeting more frequently (in crisis, if you are receiving specific specialized treatment which requires a higher frequency (short term) to be effective). As you progress in therapy and your symptoms decrease, we will decrease your session frequency. Additionally, periodically we will review your treatment plan as a way of measuring your progress. Typically, we will end therapy when your goals are met, when you choose to stop meeting with me or if we

come to believe that our efforts together are not benefitting you. If at any point in your therapy you have questions about the frequency of your appointments or your progress, please ask.

Attendance

It is important to your progress in therapy that you attend the appointments that you schedule. In short, I cannot help you if you are not in the room. Therapy can only be effective if you make therapy a priority in your life. Nevertheless, we both know that “life happens” and sometimes unexpectedly so. If you cannot keep a scheduled appointment, please call my office phone (218) 606-1844, and leave a message that you are canceling your appointment, the date and time of the appointment and why you are canceling. Please call as soon as you know you will not be able to attend, that way someone else who is waiting for an appointment may be able to be seen. Most clients I have seen over my career follow these basic guidelines naturally. If you cancel an appointment and I can reschedule you for that week I will do so.

Although I do not experience this often, there are times when clients have difficulty attending therapy regularly and their failure to do so interferes with the care that I can provide. In those cases, I may place a client on a service suspension for 60 days. Specifically, if you fail to show for an appointment without canceling, on 2 consecutive occasions I may place you on a service suspension. Additionally, even if you are canceling appointments – but you do so at a rate that disrupts your care, I may place you on a service suspension. Often this tells me that the client either is not ready for the service psychologically, or due to life circumstances. Whenever possible I will discuss a service suspension with you ahead of time. Simply put, I cannot continue to offer services to clients who do not attend scheduled appointments regularly. Clients are always welcome to re-enter therapy once their service suspension is complete and they are in a position to be able to attend therapy regularly.

CONTACTING ME

Contact Information

DreamLife Psychological Services

Carolyn Phelps PhD LP

302 W. Superior St, Ste 502

Duluth, MN 55802

Phone: 218-606-1844

Fax: 218-606-1855

Non-emergency Contact

The best way to reach me between sessions is by calling my office at (218) 606-1844. I am in the office Monday – Thursday 8-5. Most Fridays, I am in court the majority of the day and I would not be available

to return a telephone call until 2pm. I am often not immediately available by telephone, as I do not answer the phone when I am with someone. If I do not answer, please leave a message on my confidential voicemail with your name, telephone number, and the reason you're calling. I will make every effort to return your call on the same day you make it or within 24 hours, with the exception of weekends and holidays, or if I am otherwise out of the office. I do not check voicemail when I am out of the office. If you are difficult to reach, please leave some times when you will be available. If you are unable to reach me and feel that you cannot wait for me to return your call, go to the nearest emergency room or use the emergency resources below. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

I do not encourage clients to contact me by email as email is not a secure form of communication. And I certainly, do not encourage including personal information in an email.

Emergency Contact

If you are in a mental health crisis and you cannot reach me by telephone immediately, call 911 or use the crisis resources below.

Birch Tree Center – 24/7 Crisis Response 623-1800 <http://www.birchtreeduluth.com/services/mobil-crisis/>

National Suicide Prevention Lifeline 1-800-273-TALK or 1-800-273-8255

To contact the Crisis Text Line, text MN to 741741.

PROFESSIONAL FEES

My professional fees are \$200.00 an hour for face to face or telemedicine psychological services. Payment is due, in full, at the time of service. You may pay by credit card (Visa, Mastercard, or Discover), HSA/FSA card, check or exact cash. A schedule of my fees for services is listed below. Although I do not presently work with insurance plans, you will be given an insurance-ready receipt which *you* can choose to submit to your insurance company. They will process the payment according to your plan.

Psychological Assessment and Therapy

Diagnostic Assessment	\$300.00 per session
Individual Therapy – 30 minutes	\$100.00 per session
Individual Therapy – 45 minutes*	\$150.00 per session
Individual Therapy – 60 minutes	\$200.00 per session
Family Therapy	\$200.00 per session

***To make sure that clients get the help they need, for those attending weekly or more often, follow-up sessions of 45 minutes are billed at \$100.00.**

I do not charge for “late” or “same day” cancelled appointments. Nor do I charge when a client “No Shows” or misses without cancelling. However, I may place a client who does not attend scheduled appointments regularly on a service suspension. See “***Attendance***” above.

In cases involving minor age children of divorced or separated parents, it is the financial responsibility of the parent who is bringing the child for treatment to pay for the service at the time of service. Ultimate responsibility for services rendered by Dr. Phelps belongs to the parent who requested treatment and signed for their child. It is the obligation of this parent to deal with the other parent regarding payment concerns.

Fees specifically related to legal proceedings or court involvement are billed at a higher rate. These fees are not reimbursable by insurance. These fees are typically, paid by your attorney who passes the expense on to you. Please inform me if you are or become involved in legal proceedings which will require my services. I will provide you with a Forensic Fee Schedule.

HEALTH INSURANCE

Insurance may pay for all or part of your services. You are strongly encouraged to contact your insurance company prior to arranging for services so that you know just what your insurance company will pay for. Some insurance companies require preauthorization before use of mental health services. You should check your policy, ask your employers personnel office, contact your insurance agent directly, or simply call the number on the back of your card to find out information about your policy. Your company may charge you a penalty if the preauthorization is not obtained.

Billing Insurance/Account Guarantor: If I have a contract with your insurance company, and if you would like to have your insurance company billed, then you will need to provide accurate information about you or your child's insurance at the time you are scheduling your first appointment. Additionally, you will be the person responsible for updating as necessary your billing address, and you or your child's insurance information. With your authorization, DreamLife Psychological Services will bill your insurance company directly and accept payment directly from your insurance company. Ultimately however, **you as the account guarantor** (and not you or your child's insurance company) are responsible for the cost of services rendered by Dr. Phelps to you or your child through DreamLife Psychological Services, regardless of any other legal agreements to include but not be limited to custody agreements. You will be billed for any unpaid balance. Additionally, if a claim is denied, you will be responsible to pay for the service in full.

Payment that is due at the time of services: Even if you choose to have your insurance billed, payment is due at the time of services. Specifically, if you have not yet met your insurance deductible, payment for the services rendered to you or your child is due at the time of service. Your co-pay and/or coinsurance is due at the time of service. Exact cash, check, or credit card (to include credit/debit/HAS/FSA cards) are acceptable forms of payment. There is a \$35 fee for a returned check.

Payment of bills sent/posted: You will be responsible to pay the balance due for any services received that are not covered by your insurance, including denied claims. Any bills/statements that you receive for services rendered to you or your child are due, **paid in full within 14 days of the statement date**. In addition to receiving your bill in the mail.

If payment has not been received by the due date, you may be asked to pay your bill in full at the time of the next appointment. Payment plans are not available. Failure to pay your bill on time, in its entirety, may result in cancellation of already scheduled appointments and/or suspension of services until the bill is fully paid.

In the future (i.e., once this service is available) your bill will be posted online in the patient portal of your electronic health record where you also will have the ability to pay your bill.

Overdue balances: Any balance over 30 days will incur an additional \$5 billing fee per month or a 1.5% (18% per annum) monthly finance charge, whichever is higher. Additionally, an overdue balance may jeopardize your ability for continued services until the account is paid in full. Balances past due for 90 days will be sent to an outside collection agency.

Accepted Insurance Plans

Dr. Phelps through DreamLife Psychological Services is contracted with the following insurance plans:

Preferred One

Medica Plans (Medica, United Health Care, United Behavioral Health)

Blue Cross Blue Shield (BCBS)

Health Partners

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions. These exceptions are fully described in the *Notice of Privacy Practice*.

- In some legal proceedings, I and/or your records may be subpoenaed and/or a judge may order my testimony if she/he determines that the issues demand it. I must comply with that court order.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child or vulnerable adult is being abused or has been abused, I may be required to make a report to the appropriate state agency.

Mandated Reports

In cases where I have reason to believe that a child is being or has been within the past 3 years, neglected, or physically or sexually abused, the law requires that I file a report immediately with the appropriate government agency. Once this report is filed, I may be required to provide additional information.

In cases where I have reason to believe that a vulnerable adult is or has been maltreated, the law requires that I file a report with the appropriate governmental agency. Once the report has been filed, I may be required to provide additional information.

Duty to Warn

If a client or other person has communicated to me a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim, I am required to take protective actions. These actions may include notifying the potential victim(s), contacting your family or others who could help provide protection, contacting the police, or seeking hospitalization for the client.

Serious Threat of Harm to Self

If I believe that a client poses a serious threat of harm to her or himself, I may be required to disclose information to take protective action on the client's behalf. These actions may include: contacting your

family or others who could help provide protection, contacting the police, or seeking hospitalization for the client.

In the situations described above, I will limit the information shared to what is deemed necessary.

To further protect client confidentiality, I will not acknowledge past or current clients in public unless the client first initiates the conversation. This prevents clients from being put in a position either unwittingly or unwillingly, to explain his or her relation to me if asked by a nearby person.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice I am unable to provide, you may need to seek formal legal advice.

AREAS OF COMPETENCE AND CLIENT BILL OF RIGHTS

Carolyn Phelps Ph.D. LP is certified by the Minnesota Board of Psychology as a Licensed Psychologist. If you have been scheduled for an appointment with Dr. Carolyn Phelps, by law, she is required to inform you of her areas of competence and your Bill of Rights. These are listed respectively below.

Areas of Competence

Dr. Phelps is authorized by the Minnesota Board of Psychology to:

1. Administer, score and interpret standardized measures of cognitive, behavioral, and emotional and personality functioning.
2. Conduct individual, couples, family, group psychotherapy with adolescents and adults presenting with a wide range of diagnoses; and children with eating disorders/eating problems. Provide crisis intervention services.
3. Diagnose full range of psychological disorder in children, adolescents, and adults.
4. Provide specialized services in the areas of Eating Disorders, including but not limited to: assessment and treatment for those presenting with eating disorders and eating problems; training and consultation for professionals and paraprofessionals; supervision of professionals and paraprofessionals.
5. Provide specialized services related to Sports Psychology and Performance Enhancement.
6. Provide assessment and treatment
7. Provide supervision to professionals and paraprofessionals.
8. Develop and implement treatment and educational programs, and workshops on issues related to psychotherapy and women's issues.
9. Conduct hypnotherapy with adolescents and adults.
10. Conduct research on eating disorders and women's issues.
11. Teach courses in Psychology.

Client Bill of Rights

1. To expect that a psychologist has met the minimal qualifications of training and experience required by state law.
2. To examine public records maintained by the Board of Psychology which contain the credentials of a psychologist.
3. To obtain a copy of the rules of conduct from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, Saint Paul, MN 55114.
4. To report complaints to the Board of Psychology, 2700 University Avenue West, Suite 101, Saint Paul, MN 55114. <https://mn.gov/boards/psychology>
5. To be informed of the cost of professional services before receiving the services.
6. To privacy as defined by 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 their records as provided in subpart 1a and Minnesota Statutes, Section 114.335, subdivision 2.
9. To be free from exploitation for the benefit or advantage of the psychologist.

GRIEVANCE PROCEDURE

Should you need to file a formal, ethical complaint against Dr. Phelps, you may contact the Minnesota Board of Psychology at <https://mn.gov/boards/psychology>

THERAPIST INCAPACITATION/DEATH

In the event that I become unexpectedly, incapacitated or die, it will become necessary for another therapist to take possession of my file and records. I will designate a licensed mental health professional of my choice to take possession of my file and records and provide me with copies upon request or to deliver them to a therapist of my choice.

MINOR AGED CLIENTS AND PARENTS/GUARDIANS

Authorization of Minor Age Client's Mental Health Treatment

In order to authorize mental health treatment of a child, a parent or guardian must have sole or joint **legal custody**. In the state of Minnesota, *either* parent, as long as the parent has some legal custody, may seek treatment for her/his child – even if the other parent opposes.

If you are divorced or separated, and you are seeking services for your child I will ask if you have informed the child's other parent. If you have not done so, I may ask that you do so since I believe that parents have a right to know about the medical and mental health circumstances of their child.

It is my general practice to include parents in a child's treatment of the child's mental health problems. The degree of involvement may differ from client to client and be influenced by factors such as the child's age, and the severity of the problems. In many situations, caregivers can play key roles in their child's recovery and our goal together is to work towards strengthening relationships.

Some of the benefits for your child participating in mental health care include reducing your child's suffering, skill and resilience building, averting a need for a higher level of care, improved family, peer, parent-child relationships. Some risks include parental disagreements related to the child's treatment, parental disagreements with the psychologist, your child "getting worse before she/he gets better."

Parental Communication with Me

In the course of therapy, there will be times when I meet with parents separately and together with your child. Please be aware, however, that my client is your child, not the parent. If a parent would benefit from seeing her/his own mental health professional, I will refer the parent. If parents would benefit from couples counseling I will make a referral to a qualified licensed mental health provider. Likewise, I am happy to communicate with other mental health professionals (e.g., yours) with proper authorization if that is in the best interest of your child, my client.

Parents often have questions after they have left the session. You may call me between sessions to ask those questions or wait until our next appointment. You will find that different questions will help guide you to "what can wait" and "what can't wait." You also can always let me know important events that may have occurred with your child between sessions. If you are concerned about your child's safety between sessions, you should make use of crisis resources and/or call me. It is my preference that divorced and separated parents keep each other apprised of their child's health appointments if only one parent is in attendance.

If I meet with you or other family members in the course of your child's treatment, I will make notes of that meeting in your child's treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your child's treatment record.

Mandatory Disclosures of Treatment Information

In some situations, I am required by law or by the guidelines of my profession to disclose information, whether or not I have your or your child's permission. The same limits to confidentiality apply with children as they do with adults. Please see Mandated Reports, Duty to Warn, and Serious Threat of Harm

to Self sections above. You and your child's right to confidentiality also is waived if I am ordered by a court to testify about my treatment of your child or produce your child's record.

Confidentiality

Therapy is most effective when a trusting relationship exists between the psychologist and the client. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is my policy to provide you with general information about your child's treatment, but not necessarily share specific information your child has disclosed to me. This includes activities and behavior that you may not approve of — or might be upset by — but that do not put your child at risk of serious and immediate harm. In some instances, therapy is used to help your child communicate directly to you what she/he is expressing to me.

Disclosure of Minor's Treatment Records to Parents

By Minnesota state law, both parents, are entitled to a copy of her/his child's records. This entitlement extends to divorced and separated parents, even in the rare case when a parent has no legal custody. Nevertheless, it is preferred and recommended that parents respect a "zone of privacy" for their child's records. Treatment plans are reviewed fully with parent(s) and require parental signature.

Use Minor's Therapy Information/Records in Custody Litigation

When a family is in conflict, particularly conflict due to parental separation or divorce, it can be very difficult for everyone, including for children. Although my responsibility to your child may require my helping to address conflicts between the child's parents, my role will be strictly limited to providing treatment to your child. I specifically ask that, and ideally, parents/guardians agree that in any child custody/visitation proceedings, parents and guardians will not seek to subpoena my records of your child or ask me to testify in court, whether in person or by affidavit. In any circumstance, I ethically cannot and will not provide letters or documentation expressing my opinion about parental fitness or custody/visitation arrangements. Parental competence evaluations and custody evaluations is outside of the scope of a therapeutic relationship and ethically must be conducted by an independent provider.

Please note that your agreement may not prevent a judge from requiring my testimony, even though I will not do so unless legally compelled. If I am required to testify, I am ethically bound to *not* give my opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, I will provide information as needed, if appropriate releases are signed or a court order is provided, but I will not make any recommendation about the final decision(s).

Furthermore, if I am required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for my participation agrees to reimburse me at my forensic rate.