

POLICY AGREEMENT AND CONSENT TO TREATMENT

Privacy Notice: Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in the Privacy Notice. By signing below, you are acknowledging that you have received a copy of the Privacy Notice.

My Commitment to You: I am committed to providing professional services to all people regardless of race, ethnic background, class, religion, gender, sexual identity, or ability. If I cannot provide the service you need, I will consult with other specialists and refer you to other resources. I have met the requirements and training for a licensed alcohol and drug counselor in Minnesota (LADC license # 302343) and am a Board Certified Counselor. I obtained my Master of Arts in Addiction Counseling from the Hazelden Graduate School of Addiction Studies. If you have any concerns about my qualifications, you may contact the Board of Behavioral Health and Therapy, 2829 University Avenue SE, Suite 210, Minneapolis, MN 55414.

Potential Conflict of Interest: I make all recommendations and referrals based on my professional judgment as to what is in the best interests of my client. It is important for you to know that I provide paid clinical services to treatment providers. I do not accept payment for referring people to these providers. In the event that I determine that one of those providers has services that would be beneficial and appropriate for your circumstances, I will disclose that relationship to you and offer a minimum of one alternate recommendation to you. I will discuss the comparative benefits of these recommendations with you.

Cost of Service: You have the right to know the cost of professional services before receiving the service. My basic fee is \$125.00 for a 50 minute clinical hour for individual and couples counseling. Fees for group therapy meetings will vary according to the program and will be disclosed before beginning any group. Fees for other services such as chemical dependency assessments, interventions, or a recovery management program will be disclosed and agreed on prior to commencement of services.

Payment: Payment is expected at the time of service. If I am doing significant preparatory work, such as for an intervention, I will ask that payment be made when we agree on the services to be provided. I accept checks, cash, and can process credit cards through online services such as PayPal. If you wish to apply for reimbursement from your insurance company, I will provide you with the necessary documentation.

Your Responsibilities: You are responsible for giving me accurate and complete information that will enable me to assess your situation and concerns. We can then agree upon services that will meet your needs. You are responsible for following through on referrals for evaluation and treatment (medical, psychological, psychiatric). You are responsible for honoring your financial and scheduling agreements with me. Missed appointments will either be rescheduled within two weeks or charged. Consideration will be given for severe illness or accident.

Emergencies: You may call (612) 306-4778 and leave me a message after hours or if I am unavailable. I will return your call as soon as I can. If you are in crisis, please call the Crisis Connection Hot Line at (612) 379-6363 and someone will assist you.

Thank you for acknowledging these policies. They are designed to give us a framework for working together to give you the service you desire. Please keep one copy for yourself and return a signed copy to me.

Kate Lehmann, MA, LADC
Lehmann Consulting

I have read and agree to the policies stated above. I understand that by signing below I am consenting to receive services and treatment from Kathrine Lehmann, LADC.

Signature

Date

Print Name