

# THERAPEUTIC SERVICES AGENCY, INC.

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220 Railroad Street S.E. Pine City, MN 55063 (320) 629-7600 Fax (651) 925-0071

## Client Information and Office Policy Statement

### Welcome!

Thank you for participating in services provided by Therapeutic Services Agency (TSA). This is an opportunity to acquaint you with information relevant to treatment, privacy practices and office policies. The TSA staff will answer any questions you have regarding any of these policies.

### 1. The Goal of Services:

The major goal is to help you and/or your family identify and cope more effectively with problems in daily living and to deal with issues which may disrupt your ability to enjoy personal and family health and happiness. General goals of service delivery:

To increase personal awareness and understanding of family dynamics, relationships, issues, problems and strengths.

- (a) To identify personal treatment goals.
- (b) To increase personal responsibility and to make changes necessary to attain your goals.
- (c) To promote wholeness and well being through emotional, cognitive and behavioral health treatments and psychiatric treatment when necessary.

You are responsible for providing necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with your TSA professional to outline your treatment goals and assess your progress. You have the right to refuse treatment. There may also be negative consequences if you do not follow through with recommended treatment(s).

You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session.

### 2. Appointments:

Appointments vary in length of time. When scheduled, you will be advised of the anticipated length of your scheduled session. TSA's hours are available for day and evenings appointments. Clients are generally seen weekly or more/less frequently as needed and you and your TSA professional arrange. You may discontinue treatment at any time, but please discuss any decisions with the TSA staff. In the event of an emergency, call local emergency resources such as the Sheriff's Department or contact after hours County Family Social Services on call. For after hours emergency contacts with TSA call 651-399-5369

### 3. Confidentiality:

Issues discussed in sessions are important and are generally legally protected as both confidential and “privileged.” However, there are limits to the privilege of confidentiality. As Mandated Reporters, we are obligated to report: 1.) Suspected abuse or neglect of a child, elderly person or a disabled person, 2.) Other examples when the TSA staff believes you are in danger of harming yourself or another person or you are unable to care for yourself, 3.) If you report that you intend to physically injure someone, the law requires the TSA staff inform that person as well as the legal authorities/other situations may arise where information may be shared, 4.) If TSA staff is ordered by a court to release information as part of a legal involvement in company litigation, etc., 5.) When your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc., 6.) In natural disasters whereby protected records may become exposed or 7.) When otherwise required by law. You may be asked to sign a Release of Information so that the staff may speak with other mental health professionals or to family members that you have in the past or currently are involved with you and/or your family.

### 4. Record Keeping:

A clinical chart is maintained describing your treatment and progress in treatment, dates of service delivery and notes describing each session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above. Only designated staff have access to your file for office procedure purposes. TSA may use non-identifying information for research and/or outcome purposes.

### 5. Fees and Payments:

There are fees for services and we will provide services according to the rules surrounding the benefit set of your insurance, Medical Assistance, PMAP or County Purchase of Service contract. Services will be provided in the authorized service timeframe and agreed upon frequency. Please note that we need you to sign for authorization of payment if you have insurance. Fees vary according to the service being provided. You may have information about the specific fee for the service at your request. You may call 320-629-7600 and ask to speak with Kay Johnson for information. Generally services are provided in increments of 15 minutes with a typical session being 45-50 minutes in length. Some specialized services that we provide may involve longer sessions given the nature of the service and funding.

*It is important that you communicate any changes in your insurance or Medical Assistance that may affect your coverage for service as well as changes in your financial situation (i.e. unemployed) that may affect ability to meet fee obligations. Change of benefit coverage may result in your responsibility to pay for services rendered.*

**Persons who have co-pay, deductibles, or co-insurance responsibilities are expected to provide full payment at the point of service delivery.** We do accept most major credit cards. However, we do not accept promises to pay, partial payment; and respectfully request you bring the exact payment as we have limited

cash on hand to make change. Services to clients may be suspended (until payment is received) if payment for client responsibility is not rendered. When client is able to render payment for past due fees, services may be resumed. TSA will make reasonable efforts to refer client to agencies with a sliding fee scale if client is no longer able to make payment and services are still needed.

Persons who wish to private-pay may contact TSA's Business Manager to discuss fees and details surrounding payment by calling 320-629-7600.

**6. Cancellations and Missed Appointments:**

It is important that you keep your scheduled appointments. If you are unable to keep the appointment, it is expected you cancel 24 hours prior to the appointment. This allows the service professional to schedule other appointments in the time period. The service professional will attempt to be flexible in scheduling appointments with you. You may be billed for missed appointments. If you decide to discontinue participation in services, the courtesy of your advising us of that would be greatly appreciated.

**7. Complaints:**

We strive to have your experience be satisfactory but should you have a concern, complaint or suggestion, please communicate that to the professional who has been working with you or contact the Director of Programs and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose.

**8. Signature Requested:**

You will be provided a form to sign concerning Therapeutic Services Agency's Privacy Practices, your consent to treatment and authorization for payment.

**9. Mandated Reporting:**

The mandated reporting laws are designed to protect children and vulnerable adults, unborn children and the public generally. Professionals at TSA who work with you are mandated reporters and are required by law to report any child abuse and neglect concerns.

**10. Duty to Warn:**

Under certain circumstances, the TSA professional is required/permitted to warn others of the potential violent or dangerous behavior of the client. These warnings may be given without the client's consent.

**11. Consent for Release of information:**

To better provide services to you, it is at times necessary to consult with other professionals that have knowledge of you. Specific information to be released/obtained may include: psychological and psychiatric evaluation or testing; family and social history, medical records; chemical dependency evaluation; school records; financial and health insurance data, consultations/termination summary from previous service providers and other data as specified. Your information can only be disclosed or released with your valid, informed consent. The consent includes: 1) To whom

your records may be released. 2) The purpose for the release. 3) Expiration date for the authorized released.

**12. Request for Copies of Client File:**

If you should desire a copy of materials from your file; please send a written request to Therapeutic Services Agency requesting specific materials. Please note there is a standard file handling charge of \$25.00 plus copy cost for reproduction expense. Payment in advance is needed in order to process your request.

**13. Our Commitment to Safety in Service Delivery for You and for Staff:**

We provide an array of services to children, teens, individual adults, couples and families. We provide those services utilizing an: In-Home Family Based Services model where we meet with folks in their homes, site based model where services are provided at the TSA offices at the Hilltop House and Depot in Pine City; and the Anoka office. We also provide comprehensive programming to youth who reside in foster care and come to the Hilltop House for services. We are very committed to providing a pleasant and safe environment for people when they came to our offices for services and we expect that everyone will respect the property and the privacy of any other clients you may happen to meet while you are here. Also please note that your supervision of your children is expected and will be appreciated.

TSA IS A SMOKE FREE CAMPUS. Please refrain from smoking in our building and on grounds. Thank you for your anticipated cooperation. TSA also bans guns on its premises.

For families who are being seen in their home; please note that it is important that you plan to greet your TSA professional at the door when they arrive. Arrange for adequate light in the doorway and yard so that they may approach your home safely. If you have pet dogs, birds, snakes, etcetera; we kindly request you contain them so that they do not frighten or pose threat to staff. Please refrain from smoking and chemical use during the sessions.

**14. Feedback:**

We welcome your feedback on how we have done in being helpful to you. Please offer critical comments as well as positive comments regarding your experience at TSA. We hope to be helpful and appreciate your support of our efforts to be a resource for you. May you thrive in your health and happiness.