MN Couple Therapy Center
1611 County Rd B, Suite 204
Roseville, MN 55113
651.340.4597

Vessela Kouneva, LLC
Client Consent Form- Adult

To begin a working relationship with you, I am providing you with a summary of my professional background, information on confidentiality, and a statement of your rights and responsibilities as a client. Please read the following information carefully and we can discuss any questions you may have.

Background

I am a Licensed Marriage and Family Therapist in the state of Minnesota and provide psychotherapy services as **Vessela Kouneva, LLC**, at MN Couple Therapy Center. My areas of competency include adult and adolescent individual psychotherapy, and family and couple psychotherapy. I have specialized training in the areas of EMDR, Sensorimotor Psychotherapy and Emotionally Focused Therapy.

Treatment Benefits and Risks

At MN Couple Therapy Center we use accepted clinical practices. While we expect and usually see positive outcomes and behavioral change, this cannot be guaranteed. As with all health-related procedures, there are risks associated with receiving psychological services. For example, there are risks of psychological discomfort and possible unwanted effects as a result of discussing difficult topics. By signing this form you are giving informed consent acknowledging that you are aware of possible risks.

Client Bill of Rights

It is my responsibility as a psychotherapist to see that clients are informed of their rights and that these rights are upheld in our professional relationship. Below you will find the Client Bill of Rights as set forth by the Minnesota Board of Marriage and Family Therapy. Consumers of marriage and family therapy services offered by marriage and family therapists licensed by the State of Minnesota have the right:

- To expect that a therapist has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board of Marriage and Family Therapy which contain the credentials of a therapist;
- To obtain a copy of the code of ethics from the Board of Marriage and Family Therapy, 2829 University Avenue SE, Suite 400, Minneapolis, MN 55414;
- To report complaints to the Board of Marriage and Family Therapy by calling (612) 617-2220;
- To be informed of the cost of professional service before receiving services;
- To privacy as defined by rule and law;

- To be free from being the subject of discrimination on the basis of race, religion, gender or other unlawful category while receiving services;
- To have access to their records as provided in Minnesota Statutes, section 144.335 subdivision 2;
- To be free from exploitation for the benefit or advantage of a therapist.

Confidentiality

The State of Minnesota and the Minnesota Board of Marriage and Family Therapy require us to keep all personal client information strictly private. As discussions between a psychotherapist and client are confidential, information will not be released without your written consent unless mandated by law. In addition, possible exceptions to confidentiality include, but are not limited to:

- When we are court ordered to do so
- When we are required by law or have a duty to do so, as in instances of threats of harm to self or others; when there are indications of child neglect; physical, emotional or sexual child abuse; abuse of a vulnerable adult; or sexual contact between a psychotherapist and client.
- Legal proceedings brought by the client against the therapist
- Fee disputes between the psychotherapist and the client
- The filing of a complaint with the Minnesota Board of Marriage and Family Therapy

I have a policy of not communicating with attorneys or providing reports or written materials of any kind for legal proceedings. This provides clients with protection to talk about whatever is important to them, knowing it cannot be used against them later.

Mental health information will be shared with relevant staff at MN Couple Therapy Center or your referring clinician who also provides or participates in your care (e.g. family physician). If you have any questions regarding confidentiality, please bring them to my attention so that we may discuss them further.

Fees and Payment

Intake Session- $225.00; Intake sessions are typically 60 minutes.
Individual 60 minutes therapy session- $175.00
Family (Couple) Session 45-50 minutes- $175.00

I do offer a sliding fee scale for clients paying out of pocket. Most insurance companies have their own guidelines regarding payment for mental health services. If is your responsibility to know and understand the rules of your insurance plan. This includes but is not limited to knowing if a referral is needed, the amount of your co-payment and the limitation on services provided. We will work with you to obtain information regarding insurance coverage you may have for the services we provide, but it is your responsibility to ensure that coverage is in place and payments are made. Unless otherwise prearranged, deductibles or uncovered fees are due at each appointment. For individuals who do not have insurance or whose insurance does not cover the provided services, a sliding fee scale may be available.

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Cancellations and Rescheduling

If you need to cancel an appointment, please give 24 hours notice. Missed or late cancelled appointments will result in a fee of $100 (this is not reimbursed by insurance). The fee will not apply in case of severe weather or medical/personal emergency.

In Case of Emergency

I check my voicemail Monday through Friday from 9:00am to 5:00pm. Calls received Monday through Friday will be returned within 24 hours. Calls received during the weekend will be returned during the day on Monday. In the event that I cannot be reached, or after business hours, please call the following crisis number: **Crisis Connection,** 612-379-6363, or call **911.**

Initials and Signatures

_________________ I acknowledge that I have received and read the Client Consent form.

_________________ I give consent for Vessela Kouneva, LLC, to share Protected Health Information with all persons mandated by law, with my managed care company or insurance carrier, with my medical provider as needed and with those providing necessary administrative services at the MN Couple Therapy Center.

_________________ I acknowledge that I have received and read the Notice of Privacy Practices document, which explains in detail my rights to access my Personal Health Information and how, when and with whom that information may be shared.

Client Name (please print legibly)

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Client Signature ____ Date _____________