

## CLIENT INFORMATION FOR INFORMED CONSENT TO TREATMENT

**Welcome to my practice.** This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them. As you read this information, consider that “you” may refer to yourself, your child, or your family.

### WHO I AM

I have worked in the mental health field for over 20 years. I received my PhD in clinical psychology from Loyola University Chicago in 1997 and have been a Licensed Psychologist since 1998. I have trained and worked in a wide variety of settings, including centers for women, children and families; college counseling centers; hospital-based programs for psychiatric treatment, alcohol and other substance abuse treatment, and brain injury rehabilitation; and group practice in Milwaukee, Wisconsin. I was also on the psychology faculty of Marquette University in Milwaukee for seven years. I opened my clinical practice in 2010, and my Shoreview office opened in August 2012. I currently provide individual, couples, and family therapy to adults (age 18-65), children (age 5-12), and some adolescents (age 13-17). I also provide intellectual, academic achievement, and social/emotional testing and assessment to individuals (age 4-65). I use therapy approaches that are tailored to the needs and goals of my clients; approaches may include interpersonal, psychodynamic, communication, humanistic, family systems, cognitive-behavioral, and play therapies. I have a number of special interests for working with children, including assessment, coaching, and therapy for gifted and talented children;; Asperger’s Syndrome screening/consultation;; school adjustment and educational planning;; and consultation around executive functioning, sensory processing, and temperament issues. My special interests for adults include screening and treatment of post-partum depression and other perinatal mood disorders; therapy for relationship and marital issues; and consultation and coaching for attachment parenting and work/family balance.

### PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about, both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or 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. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**Mary L. Wandrei, PhD, MN LP #4875**  
**Wandrei Psychological Services, LLC**  
**1245 Gun Club Road, White Bear Lake, MN 55110**

**MEETINGS**

I normally conduct an intake evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. When psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be longer or more or less frequent. Once a session is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

**PROFESSIONAL FEES**

My fees are designated in attached fee schedules. The typical unit of service is 50 minutes. In addition to therapy or assessment appointments, I charge these fees for other professional services you may need, though I will break down the cost if I work for periods of less than one hour. Other services may include report writing, telephone conversations lasting longer than 25 minutes, or attendance at meetings with other professionals you have authorized. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time.

**BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a further fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information I would release regarding a client's treatment is his/her name, the nature of services provided (psychotherapy or psychological assessment), and the amount due.

**INSURANCE REIMBURSEMENT**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I or my billing staff will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services, especially psychological testing. These plans are often limited to short-term treatment approaches designed to work

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outspecific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in very rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once you have all of the information you need about your insurance coverage, we can discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

### **CONTACTING ME**

I can best be reached through my business cell phone (651-755-7875). While I am usually available during our regular business hours of 8:30 a.m. to 5 p.m., I will not answer the phone when I am with a client. When I am unavailable, a confidential voice mail message can be left at on my cell phone. I will make every effort to return your call within 24 hours of your message, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. In case of an immediate emergency, please call 911. If I will be unavailable for an extended time, I can provide you with the name of a colleague to contact, if necessary.

### **MINORS**

If you (or your child) are under eighteen years of age, please be aware that the law in Minnesota provides parents the right to examine treatment records of their children. It is my policy to request that parents agree to waive access to your records. If they agree, I will provide them with general information about my work with the child, unless they are directly involved in the work through family therapy or parent consultation. If I feel there is a risk that a child will harm him/herself or someone else, I will notify parents of my concern. I will also provide them with a summary of the child's treatment when it is complete. Before giving parents any specific information about a child's or teen's individual sessions, I will discuss the matter with the child, if possible, and do my best to handle any objections s/he may have about what I expect to discuss.

### **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.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

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, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

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If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. Your treatment record will be stored in a locked cabinet which is protected from unauthorized access. It is accessible only to me and to personnel whom I have authorized to help me provide treatment to you. Your treatment record may include your diagnosis, treatment plan, progress notes, test reports, school documents that you may provide for my review, psychiatric or other medical reports, and closing summary.

Your billing record will be stored separately in a locked cabinet or computer protected from unauthorized access. It is accessible only to me and those staff whom I have authorized to perform billing services. If you request that your insurance company pay for my services, I will share only the minimum information necessary for your insurance company to process claims. I provide the following billing information to my billing staff for submission of claims to your insurance company: a) name and address of your insurance company; b) your subscriber and group plan numbers; c) your name, birth date, social security number, diagnosis, dates of service, type of service. If your insurance company requires further information in order to process your claim (such as date of onset of your problems, history of your problems, symptoms that meet criteria for your diagnosis, your progress in treatment to date, and your goals and objectives for treatment), I will first consult you about your insurance company's request and give you the option to decide what, if anything, may be released. It is your choice whether or not to use your insurance coverage for payment of my services.

All personnel (clinical, support, or billing) authorized to have access to your information in this office will limit their access and use of your health care information to only what is necessary. They have agreed to carefully abide by the privacy practices of this office.

If you are receiving clinical services from other health care professionals, I will need to routinely confer with them about your diagnosis, treatment plan, and progress for the purpose of coordinating your treatment. At times, I may also seek out professional consultation about some aspect of my work with you. Usually it will not be necessary to share your identifying information with the consultant(s). The consulting professional(s) also must abide by applicable laws and ethics and protect your confidentiality in all cases.

Other than the routine disclosures noted above which are necessary to perform treatment and billing services on your behalf, no information will be released to any other persons or agencies outside this office without your written authorization except by court order. If anyone outside of this office requests information from me or from your records, your permission in writing on a special "authorization for release of information" form is necessary. Before giving permission, satisfy yourself that the information is really needed, that you understand the information being sent out, and that giving the information will help you. You have the right to approve or refuse the release of information to anyone, except as provided by law.

You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. I am sometimes willing to conduct such a review meeting without charge.

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While this written summary should prove helpful in informing you about my policies, and potential issues, it is important that we discuss any questions or concerns that you may have as soon as possible. I will be happy to discuss these issues with you if you need specific advice. However, formal legal advice is sometimes needed, because the laws governing confidentiality are quite complex, and I am not an attorney. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.

Please contact me by phone or e-mail if you have questions about my policies or services. I would be happy to review or discuss any items of interest or concern.

Kind regards,

**Wandrei Psychological Services, LLC**

Mary L. Wandrei, PhD, LP  
1245 Gun Club Road  
White Bear Lake, MN 5110  
confidential cell: 651-755-7875  
mary@marywandrei.com

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**Fee Schedule**

Initial Intake Session:	\$200
Psychotherapy Session:	\$150
Individual Testing:	\$140
Computer-based Testing:	\$100

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