

Client Bill of Rights

This Client Bill of Rights has been prepared to inform you about your rights and about the services you will receive as a client. You are invited to ask questions you may have at any time whether now, during, or after the course of service.

Training and Degrees: Prior to becoming a therapist, I worked for 20 years in a variety of organizations including healthcare systems, churches, and leadership development firms primarily in the fields of management training and development and corporate consulting. After a successful career focused on facilitating *organizational* change, growth, and development, I chose to invest my attention and passion in assisting *individuals* in their journey toward personal transformation and healing. Upon completion of graduate school, I began work in private practice. I am currently a member of a consultation group with Noel Larson, Ph.D.; 821 Raymond Avenue, Suite 200, St. Paul, MN 55114; 651-642-9317. I continue to increase my learning through continuing education classes and peer consultation.

I hold the following degrees, certifications, and professional affiliations:

- Licensed Professional Clinical Counselor (#cc00381)
- Masters of Counseling Psychology Degree from Seattle School of Theology and Psychology, Seattle, Washington.
- Certificate in Spiritual Direction from Seattle School of Theology and Psychology, Seattle, Washington.
- Masters of Organizational Leadership Degree from Bethel University, St. Paul, Minnesota
- Bachelor of Arts in Secondary Language Arts Education Degree from Bethel University, St. Paul, Minnesota

THE STATE OF MINNESOTA HAS NOT ADOPTED UNIFORM EDUCATIONAL AND TRAINING STANDARDS FOR ALL MENTAL HEALTH PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.

Counseling Orientation: My technique is grounded in psychodynamic theory, including existential, family systems, interpersonal and object relations and informed by new discoveries in neuroscience. I believe working with the problem requires addressing the complexities that the problem presents in relationships. Relationships can be a source of great joy as well as a place of intense pain. Part of our work will be to examine how your style of relating inhibits you from the utmost satisfaction in your current relationships. We will explore your problem and focus on finding its source and solution. We will take the insight gained about your past and apply it to the present with the mutual goal of restoring hope in you and bringing freedom in your life. We will do so through the mode of conversation and with the use of other tools as deemed helpful or necessary. Some problems result in physical conditions and medical consultation may be advised.

I believe body, mind, and soul are connected, and when one part of you suffers, all areas in your life are affected. Your health and happiness are important to me. I am dedicated to working through the entire therapeutic process with you.

Billing and Insurance Information: The fee for counseling will be \$150.00 per 50 minute session. Payments are to be made at the beginning of each session unless other arrangements are made. Checks returned NSF will be charged \$30.00. You will be charged for a missed appointment if you have failed to notify me within 24 hours of our scheduled time (serious illness and emergencies excepted). Frequent schedule changes result in disruptive work and are discouraged. I take vacation a few times a year and observe major holidays. I will inform you in advance of my time away from the office. Appointments are generally made on a *regular, weekly basis*. Appointment times are not automatically held open for you from week to week. It is your responsibility to schedule future sessions. Fees may increase periodically, and thus the fees are subject to change with two weeks prior notification.

I do not have any formal agreement with any insurance companies and do not accept Medicare, Medical Assistance, or General Assistance. I do not file insurance claims for you. If your insurance provider will be covering any or all of the cost of your counseling then you need to make arrangements to be directly reimbursed. You are responsible for obtaining and filling out any paperwork and submitting it to the insurance company. I will be glad to fill out any part of the form that is necessary. I will provide you with a receipt at each session with the required information for reimbursement.

Lisa Harrell, LPCC 821 Raymond Avenue, Suite 440, St. Paul, MN 55114

Contacting Me by Phone, Text, or Email: You may send an email to lisa@lisaharrell.com, leave me a voicemail or send a text message at (651) 587-3542 at any time. I will check those messages on a regular basis during business hours. You will not be charged for brief phone calls; however, after 10 minutes, you will be charged in 20 minute increments of my hourly rate if you want to continue. Please note that these forms of communication are not fully protected and if you do communicate by phone, text or email that you do so at the risk of your confidentiality. I will do my best to respond to your communication in a prompt manner. Please do not use these avenues to deliver important therapeutic information as your session is the best place to deal with personal issues. If you have need for additional security when communicating via phone or text, a “code word” system can be implemented. Please inform me if this is a need of yours.

Unprofessional Conduct: If you suspect that my conduct has been unprofessional in any way, you may file a written complaint with the Office of Mental Health Practice by writing to them at: Office of Mental Health Practice, 2820 University Avenue, Suite 340, Minneapolis, MN 55414-3239. Phone 612.617.2105, Hearing/Speech Relay 1.800.627.3529. You may also file a complaint with my consultation leader who is listed above.

Confidentiality: I am bound by professional ethics to protect client rights to confidential communications in regards to their involvement in counseling. In accordance with Minnesota Statute 144.335, you have the right to be allowed access to records and written information contained in your file. Your records and conversation with me are kept confidential, unless release of these records and conversation is authorized in writing by you as a client, or otherwise provided by law.

There are exceptions to client confidentiality as required by Minnesota law:

- If you are in danger of harming yourself or someone else.
- If you are physically or sexually abusing a minor or if you are a minor who is being physically or sexually abused.
- If you are a vulnerable adult who is being abused or unable to care for yourself.
- In the event of a medical emergency or natural disaster information deemed necessary for treatment may be released.
- If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed.

I regularly consult with other professionals to gain further knowledge and skill on how to help my clients. These consultations are obtained in such a way to maintain confidentiality.

Choosing a Counselor: You have the right to choose a counselor who best suits your needs and purposes. In choosing to see me, you have agreed to allow me to provide services to you. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time. You may refuse a particular treatment at anytime. Should you decide to transfer to another counselor, I will assist you to ensure a smooth and successful transition.

Treatment and Outcomes: You have a right to understand my assessment, the recommended course of service, and the estimated duration of counseling. The goals and outcomes of our work together are jointly determined and are uniquely tailored to your personality and desired outcome. Although I am committed to working with you toward healthy outcomes, there is no guarantee of a particular outcome of therapy. As my client, you have the right to expect professional, courteous treatment and to not encounter from me any form of verbal, physical, or sexual abuse. You may assert your rights as a client without any kind of retaliation from me, the provider.

Other Resources: There are other services available in this community to assist you with problems. You can obtain information about these services by calling First Call For Help at 651.291.0211.

Emergencies: If you are in an emergency and cannot reach me, please call 911 or text the Crisis Text Line, text MN to 741 741. You may also contact your county crisis line.

Acknowledgment by Client: Prior to the provision of any service, the client must sign a written statement attesting that the client has received the client bill of rights.