

**Informed Consent and Confidentiality**  
**Mark Glover, MA, LMFT**

**6542 Regency Lane, Suite 214**  
**Eden Prairie, MN 55344**

**612-412-4507**  
**mark@connectedlifecounseling.com**

The information you provide here is protected as confidential information.

**INFORMATION FOR CLIENTS & INFORMED CONSENT FOR THERAPY**

**APPOINTMENTS AND SCHEDULING:**

All appointments are best scheduled through the interactive calendar on my website, [www.connectedlifecounseling.com](http://www.connectedlifecounseling.com). I suggested that you set up a series of appointments to begin as soon as my schedules permit. Please be alert to how many appointments remain in your series and discuss your scheduling options as needed.

If you know that you will not be able to keep an appointment, please call at least **24 hours** in advance, or as soon as possible, so that your time can be given to someone waiting for an appointment. Thank you in advance for respecting this request. Repeated missed appointments may jeopardize your access to counseling services. **You will be charged for the session for short notice cancelation or no cancelation notice.**

If I am unable to take your call, please leave a message and I will listen to your message in private and respond to it confidentially and within 24hrs.

**This is not a crisis center.** The telephone is answered Monday through Friday, usually during business hours. If you are experiencing a psychiatric emergency or crisis, *please* call the National Suicide Hotline (a 24-hour service) at 800-273-8255, Child Protection Services at 612-348-3552, or dial 911.

**FEES**

Fees are \$165.00 per 50–60-minute therapy session. Time over 60 minutes is charged at a prorated cost rounded up to the 15minute increment based on hourly rate. I offer a sliding fee scale down to \$120.00 per 50–60-minute session based on income level and will not be reduced lower than \$120.00 per session. However, limited slots may be available if you are experiencing financial hardship. For more information, please talk with me.

**I am no longer accepting any insurance as in-network.**

**Fee-for-service:** your payment may be reimbursed through Out-of-Network benefits, a Medical Flex Spending account, or a Health Savings Account. (Please check with your resource to verify reimbursement requirements). I can submit it for you or give you a receipt.

**Payment for sessions is due at the time of service.** All charges incurred are the responsibility of the client. My goal is not to have finances become a barrier to therapy.

**Quick facts about the benefits of seeing a fee-for-service provider:**

- 1) Insurance does not cover relational difficulties such as couples and family therapy, they require a DSM-V diagnosis for one of the members. As a fee-for-service provider, I do not have to give you a mental health diagnosis. **Insurance companies ask to review client progress notes.**
- 2) Mental health diagnoses can follow you and will be documented on health records and can result in effecting life insurance applications, health insurance applications and other benefits or services.
- 3) Together, we can determine how many times we meet instead of the insurance company making that decision.
- 4) Since a treatment plan, notes and billing information are not being released to an insurance company, a greater amount of confidentiality is in place for you.

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**CONFIDENTIALITY**

The fact that you are a client ensures that all information about you, as well as the content of your sessions and phone conversations, will be held in strict confidence with the following possible exceptions:

- If you sign a Consent for Release of Information form, you authorize us to communicate specified information about you with one or more specified professionals or agencies outside of this office.
- If your records are subpoenaed by signature of a judge, I am required to release them to the court; although the therapist does not agree to testify in legal matters related or unrelated to therapy.
- If you are using, mood-altering drugs including alcohol, while pregnant, I am required to report this information.
- If you are a minor (under age 18), your parents have access to your records, unless:
  - You are emancipated, (living away from home and paying your own way)
  - You are pregnant, or
  - You are in danger of harm from one or both of your parents.
- If you have previously had inappropriate sexual contact from any health care provider, and if you reveal the name of such provider, I am mandated to report this information to the appropriate licensing board.
- During your session, if I have reason to suspect the abuse of a child or of a vulnerable adult, I am required by law to file a report of the alleged abuse to the appropriate county or state agencies. This report is required whether the alleged abuse occurs within your family or outside of it.
- During your sessions, if, after careful and thoughtful consideration, I come to believe that there is a clear and imminent danger of your physically harming yourself or another person, I will take steps to prevent such potential harm, steps which will violate your confidentiality.

**E-MAIL & SOCIAL NETWORKING POLICIES**

Please use the voicemail or email to schedule or re-schedule appointments. Please do not email your therapist information related to your therapy sessions, since email is not completely secure or confidential. If you send an email, I will respond only to confirm appointments. Be aware that all emails are retained in the logs of your and our Internet service providers. While it may be unlikely that someone reads these, they are available to be read by the system administrator of the Internet Service Provider. You should also know that any emails received from you become part of your legal and therapy records. Please do not use SMS (texting), Twitter, Facebook, or LinkedIn to contact your therapist. These sites are not secure. I cannot accept friend requests or contact requests from current or former clients on any social networking site, since adding clients as friends or contacts can compromise your confidentiality and privacy and it may blur the boundaries of our therapeutic relationship. If you have any questions about this, please ask.

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***THE RELATIONSHIP OF THERAPIST & CLIENT***

The client/counselor relationship is different from other relationships you may have with a physician, dentist, pastor, or coach. The boundaries of a therapeutic relationship mean that it is inappropriate for a client and a therapist to spend time together socially, to bestow gifts, or to attend family or religious functions. If you and your therapist encounter each other in the **community, the therapist may nod or smile, but will not acknowledge you as anyone he/she knows**. If you approach the therapist then a non-therapeutic conversation can take place. The therapist is not trying to be rude but attempting to maintain your confidentiality. Even though you might invite the therapist, h/she will not attend your family gatherings, such as parties or weddings. Your therapist will not celebrate holidays or give you gifts; he/she may not notice or recall your birthday. Please refrain from giving gifts to the therapist. The purpose of these boundaries is to make sure that we are clear in our roles for your treatment and that your confidentiality is maintained. If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with your therapist about it. It is never the therapist's intention to hurt or offend clients, but sometimes misunderstandings can inadvertently result in hurt feelings. The therapist will want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

***OFFICE LIABILITY CLAUSE***

The Therapy Offices located at 6542 Regency Lane and are comprised of individual practitioners. While the sharing of office space facilitates regular consultation among therapists, the sharing of office space does not transcend to legal or ethical liability for clients which are not under their care. Your therapist is responsible for your care and maintaining all rights and privileges related to your treatment.

***CONFIDENTIALITY CONTRACT FOR MARITAL OR COUPLE THERAPY***

This contract is an agreement between the interested parties that **no party shall attempt to subpoena my testimony or their records to be used in a deposition or court hearing of any kind for any reason, such as a divorce case**.

All parties agree that the goal of counseling, with individual, marital, or couples therapy, is for the sole purpose of the improvement of psychological and relational distress and that the process of therapy depends on trust and openness during therapy sessions. When there is more than one client, the clients understand and accept that the relationship is considered the "client" and not the individuals.

Therefore, it is accepted by both parties that if they request my services as a therapist, **they are expected not to use information given to me during therapy sessions for any legal purposes**.

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***Client Bill of Rights***

A therapist must display prominently on the premises of the therapist's professional practice or make available as a handout the bill of rights of clients, including a statement that consumers of marriage and family therapy services offered by marriage and family therapists licensed by the State of Minnesota have the right:

1. to expect that a therapist has met the minimal qualifications of education, training, and experience required by state law;
2. to examine public records maintained by the Board of Marriage and Family Therapy that contain the credentials of a therapist;
3. to report complaints to the Board of Marriage and Family Therapy;
4. to be informed of the cost of professional services before receiving the services;
5. to privacy as defined and limited by rule and law;
6. to be free from being the object of unlawful discrimination while receiving services;
7. to have access to their records as provided in Minnesota Statutes, sections 144.291 to 144.298, except as otherwise provided by law or prior written agreement;
8. and to be free from exploitation for the benefit or advantage of a therapist