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## **PSYCHOLOGICAL SERVICES AND BUSINESS PRACTICES**

This document contains important information about my professional services and business practices. Please read it carefully and write down any questions you might have so that we can discuss them at our next meeting.

### **Psychological Services**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of both the psychologist and the client and the particular problems that the client brings to therapy. There are many different approaches that I may use to deal with the problems you wish to address. Psychotherapy calls for a very active effort on your part. In order to be most successful, you will need to work on things we talk about both during our sessions and outside of the therapy setting.

Psychotherapy has both benefits and risks. Psychotherapy often involves recalling unpleasant aspects of your history. Risks sometimes include experiencing uncomfortable levels of emotion such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy can often lead to improved relationships, solutions for specific problems, better feelings about one's self, and a reduction in feelings of distress. However, there are no guarantees about what will occur in each individual case.

After the first session or two, I will be able to offer you some initial impressions of what our work will include. With your involvement, I will develop an initial treatment plan. If you have any questions about my approach, we can discuss them whenever they arise.

You have the right to be informed of my assessment of your problem in language you understand and to know available treatment alternatives. In addition, you have the right and responsibility to help develop your own treatment plan. If medication is being considered for you, you have the right to be informed by your physician of treatment alternatives, action of the medication and possible side effects. You have the right not to be discriminated against in the provision of professional services on the basis of race, age, gender, ethnic origin, disabilities, creed or sexual orientation.

You also have the right to consent to, or refuse, recommended treatment. You can be treated without consent only if there is an emergency and, in my opinion, failure to act immediately would jeopardize your health. In such emergency cases, I will make reasonable efforts to involve a close relative or friend prior to providing emergency services.

Additionally, you have the right to voice grievances and request changes in your treatment without restraint, interference, coercion, discrimination or reprisal. You also have the right to not be subjected to sexual harassment – physical or verbal.

## **Meetings**

My normal practice is to conduct an evaluation that will last from 1-3 sessions. I will usually schedule one 50 minute session with you at the end of each meeting. Once this appointment hour is scheduled, you will be expected to pay for it unless you provide one business day advance notice of cancellation. Please note that missed appointments, or late cancellations, are not covered by insurance.

My hourly fee is noted on the accompanying Provisions of Services Agreement. In addition to your psychotherapy hour, it is my practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations lasting longer than 10 minutes, and preparation of records or treatment summaries.

I may also raise my fees at times to cover the increased cost of doing business. If you are a current client, you will be notified at least one month prior to the fee increase.

## **Billing and Payments**

You will be expected to pay for each session at the time it is held, unless we agree otherwise or you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to at the time these services are requested. Payment for your session should be made directly to me either before or after your session. If at any time you find there are any problems regarding fee payment, or need to make arrangements for a budget plan, I will be glad to speak to you regarding your concern.

If your account is more than 30 days in arrears and suitable arrangements for payment have not been agreed to, I have the option to charge you a monthly finance charge of 1% per month (12% per year).

For accounts that remain unpaid for more than 60 days without prior agreement, I have the option of using a collection agency. You will receive a letter from me two weeks prior to my submitting your name, address, phone numbers, and place of employment to the collection agency. If there is no response within the two week period, collection action can be initiated.

## **Insurance Reimbursement**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health benefits policy, it will usually provide some coverage for mental health treatment. I will provide you with whatever assistance I can in facilitating your receipt of the benefits to which you are entitled including

filling out forms as appropriate. However, you, and not your insurance company, are responsible for full payment of the fee which we have agreed to. Therefore it is very important that you find out exactly what mental health services your insurance policy covers, including your annual deductible amount and copayments.

You should be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire record. This information will become part of the insurance company files. All insurance companies commit to keep this information confidential, but once it is in their hands I have no control over what they do with it.

### **Contacting Me**

I am usually in my office between the hours of 9:00am and 5:00pm but I am often not immediately available by telephone. I will not answer the phone when I am with a client; however, I do have voice mail and messages can be left at any time. I will make every effort to return your call on the same day you make it with the exception of weekends or holidays. Please leave some times when you will be available. I do not usually pick up messages on weekends or holidays.

If you cannot reach me, and you feel that you cannot wait for me to return your call, you may call the Hennepin County Crisis Center or 911.

### **Professional Records**

I am legally required to keep appropriate treatment records. You are entitled to review your records, or if you wish, I can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and/or can be upsetting to you. If you wish to review your records, I recommend that you do so in my presence so that we can discuss what they contain. Clients will be charged an appropriate fee for any preparation time required to comply with an information request.

### **Thank You**

I am committed to providing you with high quality services and I appreciate your decision to work with me. If you have any questions or concerns at any time during the course of your therapy, please feel free to speak to me.