

Indigo Counseling PLC
305 East River Road Suite 205
Brainerd, MN 56401
218-833-2044

Practice Policies

Welcome and thank you for considering Indigo Counseling PLC for your mental health needs. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.

Mental Health Services

Kimberly Dwinnell-Dillon is a Licensed Independent Clinical Social Worker. Kim is engaged in private practice providing mental health care services to clients through Indigo Counseling PLC. As an agent of Indigo Counseling PLC, your mental health professional provides all mental health services through Indigo Counseling PLC and not personally. While it may not be easy to seek help from a mental health professional, it is hoped that you will be better able to understand your situation and feelings and move toward resolving your difficulties. The mental health professional, using their knowledge of trauma, human development, and behavior, will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to explore your own feelings and thoughts and to try new approaches for change to occur.

Appointments

Appointments are made by the online website, portal and/or calling/texting 218-833-2044. Please call or send a message in the portal to cancel or reschedule at least 24 hours in advance, or you will be charged for the missed appointment. Third-party payments will not usually cover or reimburse for missed appointments. If the mental health professional has to cancel the appointment, you will not be charged for the canceled service.

Number of Visits

The number of sessions needed depends on many factors and will be discussed by the mental health professional. Your initial session will involve an evaluation of your needs and depending on your circumstances further evaluative sessions may be required. At the end of the evaluation process the assigned mental health professional will be able to provide you with some first impressions of what mental health services may include and a treatment plan to follow if both you and your mental health professional agree to work together.

You should evaluate this information along with your own opinions of whether you feel comfortable working with the mental health professional. Mental health services involve a large commitment of time, money, and energy, so you should be very careful about the

mental health professional you select. If you have questions about procedures feel free to discuss them with the mental health professional at any time. If you have doubts your mental health professional will be happy to help you set up a meeting with another mental health professional for a second opinion.

Length of Visits

The initial intake and evaluative session is normally scheduled for 60 minutes and may run longer depending on the testing or assessments a client is asked to complete. Further evaluative sessions may be scheduled as needed for the mental health professional to accurately assess your needs. Once the evaluation process is completed, sessions are typically 30-60 minutes in length.

Voluntary Participation

All clients voluntarily agree to treatment, and accordingly may terminate any time without penalty. Counseling involves a large commitment of time, money, and energy, so you should be thoughtful about the therapist you select. In the first couple of sessions, you should be deciding whether your therapist is right for you. If you feel it is not a good match, then your therapist will be happy to assist you in finding a new therapist.

Client Involvement

All clients are expected to show up to appointments on time, prepared to focus on and discuss therapy goals and issues, and will not attend while under the influence of mood altering chemicals. All clients are expected to be open and honest so your therapist can assist you with your goals. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you are encouraged to work on things we talk about both during our sessions and at home. Inconsistent attendance can negatively affect your therapy progress.

Therapist Involvement

Your therapist will be prepared at the designated time, (barring emergencies), and will be attentive and supportive in meeting the therapy goals and do everything possible to assist you in achieving a greater sense of self-awareness and work toward helping you resolve problem areas.

Risks of Therapy

Just as medications sometimes cause unexpected side effects, counseling can stimulate painful memories, unanticipated changes in your life, and uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. In some cases client's symptoms become worse during the course of therapy, occasionally necessitating hospitalization. Another risk of therapy is that throughout the process of therapeutic change

it is not uncommon for clients to reach a point of change where they may feel they are different and no longer able to be the same person they were upon entering therapy. At times these feelings can be unsettling.

Benefits of Therapy

The benefits of therapy can include: a higher level of functional coping, solutions to specific problems, new insights into self, more effective means of communicating in relationships, symptomatic relief, and improved self-esteem.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Non-Voluntary Discharge from Treatment

A client may be terminated from services non-voluntarily, if:

- The client exhibits physical violence, verbal abuse, carries weapons, harassment of staff or providers, or engages in illegal or grossly unsafe acts at the clinic, and/or
- The client refuses to comply with stipulated program rules or boundaries, refuses to comply with treatment recommendations,
- Is demonstrating needs outside of the providers competency (at which time appropriate referrals will be made),
- The provider is no longer able to treat the client due to conflicts of interest, moral conflicts or treatment is no longer effective
- Does not make payment or payment arrangements in a timely manner.
- The client will be notified of the non-voluntary discharge by letter and appropriate referrals for continued care will be made. The client may appeal this decision with the Provider.

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Couples Counseling

If you are here to work on a relationship problem, it's important for you to understand what I believe about relationships and marriage.

First of all, I do not have preconceived notions about whether you should stay together or part ways. I believe it is important to explore such questions openly, honestly, and thoroughly. Once your goals are established, I will work diligently to support you in achieving them, whatever they may be. Second, you are entrusting me to use my professional judgment as it relates to individual confidences.

Anything you communicate to me individually by phone, email, or any other means may be important to bring up and work on in a couple therapy session, and I reserve the right (but not the obligation) to do so.

Minors

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Custody Issues & Therapy for Minors:

It is the policy of Indigo Counseling PLC that for minor children, where legal custody is split (joint) between parents or guardians who are no longer married or cohabiting, we need authorization and signature from both parents on our Informed Consent and Confidentiality Notice prior to the child being seen. These forms can be downloaded from our website and completed prior to arrival.

Ethical Guidelines:

Your therapist follows the National Association of Social Workers guidelines, as well as the Minnesota Board of Social Work ethical guidelines. Copies of these materials can be obtained from: National Association of Social Workers (NASW) 750 First Street NE, Suite 800, Washington, D.C. 20002 and The Minnesota Board of Social Work (BOSW) 335 Randolph Suite 245, Saint Paul, MN, 55102

CLIENT RIGHTS

In compliance with MN Statute 144.651

1. Every client shall have the right to consider respectful care.
2. Every client can request and receive information concerning his/her diagnosis, treatment and prognosis in terms he/she can understand from his/her mental health professional.
3. Every client shall have the right to know by name, business address, business telephone and specialty, if any, the therapist responsible for his/her care.
4. Every client shall have the right to every consideration of his/her privacy and individuality as it relates to his/her social, religious, and psychological well-being.
5. Every client shall have the right to respectfulness and privacy as it relates to his/her treatment program. Case discussion, consultation, examination, and treatment are confidential and will be discreetly conducted.
6. Every client shall have the right to expect Indigo Counseling PLC to make a reasonable response to his/her requests relating to direct care.
7. Every client shall have the right to obtain information on the relationship of the Indigo Counseling PLC to other healthcare and related institutions, in so much as his/her/their care is concerned.
8. Clients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.
9. Every client shall be fully informed of the services available at Indigo Counseling PLC.
10. Every client shall have the opportunity to participate in the planning of his/her treatment.
11. No client shall be arbitrarily referred, transferred, or terminated from the treatment program but may be referred, transferred, or terminated for medical reasons beyond the scope of this organization, for his/her/their welfare, for other clients' welfare, for lack of participation, or for nonpayment of services. Reasonable advance notice of any referral, transfer, or discharge will be given to the client when possible.
12. Every client shall be encouraged and assisted throughout the period that he/she/they receives treatment at the Indigo Counseling PLC to understand and exercise his/her/their rights as a client. He/she/they may voice grievances and recommend changes in policies and services to the therapist free from restraint, interference, coercion, discrimination, or reprisal.
13. Every client has the right to reasonable protection from mental, sexual, and physical abuse.
14. Every client shall be assured of confidential treatment of his/her/their personal treatment record, and may approve or refuse their release to any individual outside the Indigo Counseling, except as otherwise provided by law or third-party payment contract.
15. No client shall be required to perform services for the facility that are not included for therapeutic purposes in his/her/their plan of care.
16. Every client shall be fully informed prior to, or at the time of admission to a treatment program, of rights and responsibilities set forth in this section on all rules governing conduct and responsibility of the client and Indigo Counseling PLC.
17. Every client has a right to refuse care and to be referred to an alternative provider, if appropriate.
18. Indigo Counseling, PLC have a right to voice grievances, violation of Client Rights and recommended changes in policies and services. Any grievance should be discussed first with the therapist on record. If this grievance is not resolved following the above procedure, further redress can be obtained through the following: DHS Licensing Division 444 Lafayette

Road North St. Paul, MN 55155-3842 651-431-6500.

19. Right to a copy of your medical record.

You can ask to see or copy an electronic or paper copy of your medical record and other health information we have about you.

- This request must be made in writing. We will provide a copy or a summary of your health information within a reasonable time.
- If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee. [Minn. Stat. § 144.292 subd. 6]
 - If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees. [Minn. Stat. § 144.292 subd. 6]

20. Ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. This request must be made in writing. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

CLIENT RESPONSIBILITIES

1. You are responsible for being considerate of other clients.
2. You are responsible for keeping appointments. If you cannot, you should notify Indigo Counseling PLC as soon as possible.
3. You are responsible for supplying accurate and complete information about your past illness, previous treatment, medications, legal record, and risks affecting the safety of yourself and others, and other matters relating to your treatment planning.
4. You are responsible for notifying your counselor about any unexpected change in your health.
5. You are responsible for letting us know immediately if you do not understand instructions or if you feel that they are such that you cannot follow them.
6. You are responsible for fulfilling the financial obligations of your health care by prompt payment of applicable fees.
7. You are responsible for any loss or damage to Indigo Counseling PLC property that you incur by your own or your children's behavior.
8. Indigo Counseling PLC has the right to refuse services to any client for failure to cooperate with our procedures, for our inability to provide a needed service, or for situations in which treatment either has not resulted in responsible benefit or it has been judged as harmful to the individual.

NO SURPRISES ACT AND GOOD FAITH ESTIMATE

Clinicians are required by law to provide information on the No Surprises Act and a

Good Faith Estimate to clients who are paying a fee for service (not using insurance).

No Surprises Act overview The No Surprises Act, which is part of the Consolidated Appropriations Act of 2021, is designed to protect clients from receiving unexpected medical bills. The Good Faith Estimate provision of the No Surprises Act is designed to give

clients an estimate of how much they'll be charged for the healthcare services they'll be receiving, prior to their appointment.

GOOD FAITH ESTIMATE

The estimate below is the range of costs that is likely for most new patients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of a client's diagnosis, issues and needs.

\$289 for Diagnostic Assessment (Billing Code: 90791)

\$195 per Psychotherapy sessions 53 minute session (Billing Code: 90837)

\$175 for Psychotherapy sessions 37 to 52 minute session (Billing Code: 90834)

\$120 for Psychotherapy sessions 16 to 37 minute session (Billing Code: 90832)

\$32.50 for interactive complexity (Billing Code: 90785)

\$200 for family session (Billing Code: 90836)

\$200 for family session without client present (Billing Code: 90846)

Fees are reviewed annually and clients will be given 30 days notice or more prior to increase in fees.

The number of sessions clients are seen for varies widely depending on diagnoses, comorbidities, and other complexities.

INSURANCE/PRIVATE PAY/UNDERINSURED/UNINSURED/SLIDING FEE

I understand that I will be charged a sliding fee per session if underinsured, uninsured, or choose to pay private pay (Please note you must bill insurance if you have Medicaid or Medicare).

With a sliding fee, we offer discounted rates to people who have low incomes and are uninsured or under-insured. Medication management services are not available for a sliding fee scale.

We offer the following financial options should cost be a barrier for seeking services:

- A sliding fee scale based on the 2025 federal poverty guidelines.
- A limited amount of financial hardship openings.
- A limited amount of pro-bono spaces when Interns are available.

Please discuss these options with Kim prior to scheduling an appointment.

**I understand it is my responsibility to know if services are covered by the insurance.
Please contact your insurance to find out if you have behavioral health benefits,**

deductibles, co-pays, etc. I understand that I will let Indigo Counseling PLC know if my insurance changes.

My signature below indicates that I understand the privacy policies, my and their meanings and ramifications, and the above listed information of this Practice Policy Form. I agree that by signing this form electronically, it is viewed and accepted the same as signing with a pen and paper document.

Signature: _____ Date: _____

Parent /Guardian: _____ Date: _____