



Tree of Life Art Therapy

7801 East Bush Lake Rd. #122
Edina, MN 55439
Kristin@treeoflifearttherapy.com
Phone: 651-210-7405

Client Information Form

Client Name: _____ Date: _____

What are your preferred pronouns? _____

Client DOB: ____/____/____ Age: ____

Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____

Email: _____

May we leave a message? Y N May we text message? Y N

Intake Questionnaire

Complaint

What led you to make an appointment with me/what types of things are you hoping to address in therapy?:

How did you learn about Tree of Life Art Therapy? If someone specific referred you, please include their name. If you found me through a specific website, please include the name of the website.:

Background

Have you ever seen a therapist before? If so, when and for what reason?:

Medical Issues/Illnesses/Chronic Conditions:

Allergies:

Do you currently take medication? If so, please list the name of the medication, and who prescribes it.:

Past Medication Conditions and Surgeries:

If you work, what type of work do you do? If you are in school, what are you studying?:

Are you in a significant relationship(s)? If yes, Please describe.:

What is your living situation? (Do you live with other people? Who? What type of residence?):

Do you feel safe in your home/residence?:

Are there any aspects of your identity that you feel is important for me to know about?:

Do you consider yourself religious or spiritual? If yes, please describe.:

Have you ever had significant interaction with the criminal or justice system? If yes, when and for what reason?:

What are some of your favorite interests, TV shows, games or activities that you enjoy?

Additional

Is there anything else you would like me to know before your first appointment?

If you are a parent completing these forms please give your name.:

Informed Consent

Welcome to Tree of Life Art Therapy

These forms are meant to provide you with critical information about receiving care at Tree of Life Art Therapy. Please read through them carefully, and be ready to discuss any questions or concerns at your appointment.

Services

Tree of Life Art Therapy is a private practice located in Edina, MN. We provide mental health treatment to adults, minors, individuals, and groups. Tree of Life Art Therapy recognizes the complex relationships that happen in life, and strives to work with individuals, couples, and families to improve communication, process difficulties, work through challenges, and navigate any hurdles that might interfere with goals or functioning.

Tree of Life Art Therapy offers a broad spectrum of mental health services, including but not limited to: individual counseling, groups and workshops. We are committed to helping clients prevent and treat any mental health concerns that impact their lives.

Hours of Operation

Tree of Life Art Therapy is open by appointment only. We will work together to determine your appointment schedule.

Scheduling Appointments

To make an appointment, please call or email. When you call to set up your initial appointment, we will discuss your concerns and determine if Tree of Life Art Therapy is a good fit for you. If Tree of Life is unable to serve you, you will be provided with referrals to other therapists that may be able to better meet the needs of your situation and preferences. After your initial visit, you will set up further appointments with your therapist at the end of session, or you may contact your therapist directly to schedule a convenient appointment time.

Cancellation Policy

If you must cancel or reschedule an appointment, please contact your therapist as soon as possible. If you cancel with fewer than 72 hours notice, you will owe 35% of your session fee. If you cancel with fewer than 24 hours notice, you will owe the full session fee. Progress in therapy is dependent on active participation by both the therapist and the client. Often there are clients waiting for open sessions, and cancellations with limited notice frequently mean those times go unfilled. If you miss three appointments with no notice, or less than 24 hours notice, Tree of Life Art Therapy may terminate your services, and provide you with referrals to other therapists or community resources.

Emergency Contacts

Tree of Life Art Therapy is not a crisis resource. If you would like to be seen before your next scheduled appointment, please contact your therapist to discuss scheduling options.

If you are facing a life threatening emergency, please call 911, or go immediately to your nearest emergency room. If you are in a crisis situation, you may contact the crisis response line for your county, or the national and local crisis lines listed below.

County Crisis Units:

Anoka County – Riverwind (Child & Adult): 763-755-3801

Dakota County – Crisis Response Unit (Child & Adult): 952-891-7171

Hennepin County – Child Crisis (Child): 612-348-2233

Hennepin County - COPE (Adult): 612-596-1223

Ramsey County – Children’s Crisis Response (Child): 651-774-7000

Ramsey County – Urgent Care for Adult Mental Health (Adult): 612-266-7900

Washington County – Canvas Health (Child & Adult): 651-777-5222

All Counties:

Crisis Text Line: Text MN to 741741

National:

National Suicide Prevention Hotline: 1-800-273-8255

National Hope Hotline for Youth Crisis and Suicide: 1-800-784-2433

Trans Lifeline: 1-877-565-8860

LGBTQ Youth Lifeline (Trevor Project): 1-866-488-7386

Risks & Benefits of Treatment

Therapy is very beneficial for many people, however, there are still risks involved in any type of treatment. At the start of therapy clients may feel fear or anxiety about the counseling process. This type of anxiety or fear will generally resolve as clients form relationships with their therapists, and learn what to expect in their appointments. It is possible in the therapeutic process that things may get worse before they get better. As clients process information with their therapist there might be feelings of discomfort, sadness, fear, anger, etc. The recollection of trauma or hurtful events may occur in therapy, and may cause distress for some clients. Additionally, as clients work toward new goals and make progress in therapy, relationships and areas in the clients’ lives may be affected. It is often helpful for clients to discuss these types of feelings and situations with their therapist as they arise.

Therapy can also provide many benefits to clients. As therapy progresses, clients may feel reduced stress, improve communication, coping skills, and relationships, resolve specific problems or issues, gain new self-awareness and perspective, reduce specific symptoms, and increase overall functioning. Your therapist will work with you to develop and implement a plan that will help you achieve your desired outcomes in therapy.

Therapy is often a deep and intimate process, and it is important to understand what you can expect from your therapist, as well as the limits on your relationship with her.

Minnesota law and ethics standards for all mental health professionals limits against the formation of multiple or dual relationships. That means that the individual acting as your therapist cannot interact with you in a capacity outside of the therapist-client relationship. This is important in order to protect your confidentiality, avoid exploitation or conflicts of interest, and ensure you get the best possible, focused care from your therapist.

You have the right to be free from exploitation for the benefit or advantage of your therapist. Your therapist has a duty to you to act in your best interest, and ensure that you receive appropriate assistance and services. Your therapist will respect your autonomy to make your own decisions in regard to treatment and personal life circumstances. As a result, your therapist cannot offer advice on marital/relationship status. Your therapist is also unable to perform forensic evaluations for custody or visitation actions. If you need such services, your therapist can provide you with referrals to other trained professionals that may assist you.

If you see your therapist in public/outside of the office, she will not approach or acknowledge you (wave, say hello, etc.). This is to protect your privacy.

If you desire or need services outside of the scope of your therapist or this practice, your therapist will assist you in getting the appropriate referrals. If at any time you or your therapist terminate treatment before services are complete, you will be provided with at least three referrals to other providers.

Appointments & Treatment Length

Your therapist will discuss appointment length with you during your first session. Standard appointment times vary by the type of therapy being offered. Common appointment lengths are:

First appointment/intake: 50 minutes

Individual therapy: 50 minutes

Relationship and family therapy: 50 minutes

EMDR therapy: 50 minutes

Longer or shorter sessions may be available upon request in circumstances where it is appropriate for treatment goals and/or limitations.

Many clients are seen weekly or biweekly at the beginning of treatment, and move to less frequent visits as therapy progresses. Your individual therapy plan, preferences, and progress will dictate the frequency of your appointments. The overall length of treatment will be based on your unique situation and preferences.

Fees & Billing

The cost of your service will depend on the type of treatment you receive. See the Services & Fees form specific rates.

Please note that rates may change during your period of service. You will be notified of any rate changes before they are implemented. Rate changes typically happen at the start of a new year, but may be initiated at any time. Tree of Life Art Therapy is not in-network for any insurance carriers. If you would like to utilize your insurance coverage to pay for therapy you may contact your insurer to find out which providers are in-network for your plan. Some plans allow for covered individuals to submit paid bills for direct reimbursement. If you need a statement or receipt of payment to submit to your insurance company for reimbursement, please ask your therapist. Most HSA/FSA accounts allow you to pay for therapy services with Tree of Life Art Therapy, however, please check with your account/benefits administrator. Tree of Life Art Therapy will not have any direct contact or communication with your insurance provider.

Payment is due at the time of service. In the event your bill remains unpaid, Tree of Life Art Therapy may utilize the services of an outside collection agency, and charge a standard late fee of \$20 per 30 day period. The 30 day period begins at the day/time of the service or missed appointment. If you accrue a significant balance on your account, services may be paused or terminated until your balance is reduced, or a payment plan is established. If you are experiencing financial hardship that impacts your ability to pay for therapy services, please speak with your therapist as soon as possible.

Termination or Transfer of Services

When it becomes apparent that a client has made significant progress in therapy and met their treatment goals, the client and therapist will work together to determine when services will end. A client has the right to end services at any time, although Tree of Life Art Therapy suggests that clients first discuss it with their therapist to ensure any further needs can be addressed, or referrals can be provided.

Tree of Life Art Therapy may terminate services if a client misses more than three sessions without 24 hour notice, or if the client needs services outside of the scope Tree of Life Art Therapy can offer. In any case, referrals will be provided for other therapists or community resources.

Passive termination. If you are not in contact, or do not request an appointment for a period of two months or more, your case will be moved to "archived" status. This means that you are no longer an active client. You may be in touch at any point to request an appointment or restart services, even after being "archived." It is important to understand that if your therapist's case load is full, or she does not have open appointments at the time of your request, she may not be able to resume services with you in a timely manner. In that situation, you may request to be added to her wait list, or she can provide you with referrals to other providers. If it has been more than 12 months since your last appointment and you request to restart services, you will be scheduled for an Intake session, which will be charged at the Intake rate.

Complaints

If at any time you have a complaint, concern, or suggestion regarding your services at Tree of Life Art Therapy, please discuss it with your therapist to see if it can be satisfactorily resolved. Additionally, if you have a serious complaint that cannot be resolved with your therapist, you may contact the Minnesota Board of Marriage and Family Therapy at any time.

Minnesota Board of Marriage and Family Therapy

2829 University Avenue SE, Suite 400, Minneapolis, MN 55414

Phone: 612-617-2220 Fax: 612-617-2221

Hearing/Speech Relay: (800) 627-

Minors

According to Minnesota law, a minor is anyone under 18 years old. Minors must have parental consent to receive mental health services in Minnesota. There are a few cases where parental consent is not required: if the minors have born a child, are married, or are living independently and are financially responsible themselves. Parental consent is also not required for minors to receive treatment for alcohol or drug abuse.

A minor's records are available to a parent, unless it is determined (by a court of law or the therapist) that the records should be withheld for the best interest of the child. Although minors' records are open to parents, it is important for the therapeutic process that children also be afforded some amount of confidentiality. A child's therapist will talk to the parent and child at the start of services about how confidentiality affects the therapeutic process, and what types of information the therapist will always share with parents if revealed. Please talk with your child's therapist if you have questions or concerns regarding your child's therapy or progress. If you would like to request your child's record, please contact your child's therapist.

If the harm, abuse, exploitation, or neglect of a child is revealed in therapy, or there is reasonable evidence to suspect maltreatment, all therapists are required to act as mandated reporters and contact child protective services.

Diversity

Tree of Life Art Therapy appreciates the diversity of our clients, and understands the different ways diversity can impact the human experience. We do not discriminate based on age, sex, gender, gender expression, weight, body type, sexuality, race, ethnicity, religion, relationship status, health status, or any other identifier or demographic. These things make up pieces of who you are, and who you are is welcome Tree of Life Art Therapy.

Patient Bill of Rights

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

1. Services & Fees

Services & Fees

As of January 1, 2020:

Individual, relationship, family*, EMDR, Art Therapy sessions are all billed at the following rates.

First appointment/intake (50 minutes): \$190.00

Appointment (50 minutes): \$175.00

Limited notice cancellation (fewer than 72 hours): 35% of session fee

Late cancellation/no show (fewer than 24 hours): Full session fee Unpaid bill

late fee: \$20.00/per 30 day period

*If you are attending family/relationship therapy with more than four people, there will be an additional \$5.00 fee per person per session.

Please note that rates may change during your period of service. You will be notified of any rate changes before they are implemented. Rate changes typically happen at the start of a new year, but may be initiated at any time.

Cancellation Policy

If you must cancel or reschedule an appointment, please contact your therapist as soon as possible. If you cancel with fewer than 72 hours notice, you will owe 35% of your session fee. If you cancel with fewer than 24 hours notice, you will owe the full session fee. Progress in therapy is dependent on active participation by both the therapist and the client. Often there are clients waiting for open sessions, and cancellations with limited notice frequently mean those times go unfilled. If you miss three appointments with no notice, or less than 24 hours notice, Tree of Life Art Therapy may terminate your services, and provide you with referrals to other therapists or community resource.

Self-Disclosure Statement

The purpose of this document is to provide you information on my background, and my approach to therapy.

Education and Professional Credentials

Kristin Kane, MA, ATR-BC, LMFT (she/her/hers. I am a licensed Marriage and Family Therapist (LMFT) and Board-Certified Registered Art Therapist (ATR-BC) and completed my master's degree in Adlerian Counseling and Psychotherapy with an emphasis in Marriage and Family Therapy and Art Therapy at the American Art Therapy Association (AATA) approved Adler Graduate School in Minnesota in 2013. In addition, I am an adjunct faculty member for Adler Graduate School and am a art therapy supervisor. Through my teaching and supervision, I have a passion for giving back to new art therapists and the art therapy community!

You may contact the Minnesota Board of Marriage and Family Therapy to access public records that verify my license to practice.

Counseling Approach

I bring a holistic approach that is collaborative, hopeful and gentle. My goal as an art therapist is to guide you through the process toward greater self-awareness and self-love. I provide a supportive environment for self-expression to help return you to a sense of wellness and health. I believe that with embracing creativity through art making, you can find relief from emotional pain, gain self-understanding and insight, and heal from trauma. I am a licensed Marriage and Family Therapist (LMFT) and Board-Certified Registered Art Therapist (ATR-BC) and completed my master's degree in Adlerian Counseling and Psychotherapy with an emphasis in Marriage and Family Therapy and Art Therapy at the American Art Therapy Association (AATA) approved Adler Graduate School in Minnesota in 2013. In addition, I am an adjunct faculty member for Adler Graduate School and am the art therapy supervisor at Invigorate Life Counseling. Through my teaching and supervision, I have a passion for giving back to new art therapists and the art therapy community! I am trauma trained in both EMDR and AIR Network Therapy. Combining these approaches with art therapy, I am able to empower you to move through your healing process in a unique and compassionate way. I enjoy working with young adults, couples and families utilizing the art therapy approach.

"When I work with you as an art therapist, I strive to help you embrace your creativity and unlock your full potential through engaging your spirit through the act of making imagery from the heart and soul." – Kristin

Diversity

I value the intrinsic diversity that every individual brings to the table. I work with clients to understand their experiences through their own perspective and lens on the world, with compassion, and without judgment. I recognize that issues around diversity present challenges for most people on some level, and appreciate the opportunity to better understand each client through their own unique life story.

Code of Ethics

As a licensed marriage and family therapist in Minnesota, I am bound to the code of ethics outlined in Minnesota Administrative Rule 5300.0350. You may obtain a copy of the code of ethics from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, Saint Paul, MN 55155. Additionally, I subscribe to the code of ethics outlined by the American Association for Marriage and Family Therapy (AAMFT).]

Notice of Privacy Practices
Tree of Life Art Therapy
7801 East Bush Lake Rd #122
Kristin Kane 651-210-7405 kristin@treeoflifearttherapy.com

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

- Get an electronic or paper copy of your medical record
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your record
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communications
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- Ask us to limit what we use or share
 - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- Get a list of those with whom we’ve shared information
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
 - The opportunity to consent may be obtained retroactively in emergency situations.
- Share information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

In certain cases, your written permission is required to disclose your PHI:

- Psychotherapy Notes.” Your therapist may keep “psychotherapy notes”, as defined in 45 CFR § 164.501. Use or disclosure of such notes requires your Authorization *unless* the use or disclosure is:
 - For our use in treating you.
 - For our use in training or supervising mental health practitioners to help them improve their skills in therapy.
 - For our use in defending legal proceedings instituted by you.
 - For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
 - Required by law and the use or disclosure is limited to the requirements of such law.
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - Required by a coroner who is performing duties authorized by law.
 - Required to help avert a serious threat to the health and safety of others.
- Marketing purposes. We commit that we will not use your HPI in the course of business.
- Sale of your information. We commit that we will not sell your information in the course of our business.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Help with public health and safety issues
 - We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting suspected abuse or neglect
 - Preventing or reducing a serious threat to anyone's health or safety
- Do research
 - We can use or share your information for health research.
- Comply with the law
 - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
 - We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- Work with a medical examiner or funeral director
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests
- In the case your therapist is suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death
 - Your therapist has designated a colleague who is a licensed mental health professional to act as their professional executor. If your therapist dies or becomes incapacitated, the professional executor will be given access to all client records and may contact you directly to inform you of your therapist's death or incapacity; to provide access to your records; to provide psychological services if needed; and/or to facilitate continued care with another qualified professional if needed.

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways:

- To treat you
 - We can use your health information and share it with other professionals who are treating you.
- Run our organization
 - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for your services
 - We can use and share your health information to bill and get payment from you, your health plan (if applicable), or other entities.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing this document, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

Signature:

Release of Information - Disclosure

If you are seeing another provider for therapy or mental health services, it is required that I have a release of information on file, giving the two of us permission to be in contact, so that coordination of care is possible. This is a legal mandate for my licensure in the state of Minnesota. If you are unwilling to provide a release of information for your other mental health provider(s), we will be unable to proceed with services.

I will alert you if and when any contact with other providers takes place, including a reason for the contact, and, upon request, a verbal summary of the information discussed.

If you have questions or concerns about this mandate, please contact me before proceeding with your paperwork.

If you have disclosed that you are working with other mental health providers, I will provide you with the appropriate release form.

1. Release to Speak with Family and Friends

NOTICE: THIS FORM IS OPTIONAL

Client Name:

Client Date of Birth:

Client Address:

Client Phone:

This form is for people who would like their therapist or staff at Tree of Life Art Therapy to be able to speak with relatives, partners, or other people about matters related to finances and/or scheduling for your services at Tree of Life Art Therapy.. This release form does not cover health information, session notes, treatment plans or summaries, prognosis, assessment results, or diagnosis. If you would like a third party to receive information about your care, or would like Tree of Life Art Therapy to contact a third party about your care, please request the full release of health information form from your therapist.

This form might be helpful if you want to have a significant other schedule, cancel, or confirm an appointment for you, if a parent is helping an adult child with scheduling or payment, or if a friend is helping with billing questions.

The information on this form will be used to verify that the individual(s) named has your permission to receive or engage in scheduling or financial matters on your behalf, anytime they contact Tree of Life Art Therapy .

This form will be in effect until revoked. You may revoke this permission in writing at any time, except when Tree of Life Art Therapy has already made disclosures based on this request.

I give consent for Tree of Life Art Therapy to speak with:

1. Contact Name:

1. Relation to You:

1. Contact Phone:

2. Contact Name:

2. Relation to You:

2. Contact Phone:

For the purposes of:

Scheduling: Schedule, cancel, or verify appointments.

Finances: Account balance, payment information, payment submission, or other financial matters.

Signature:

Please type your name and date below. (Note: You will officially sign all paperwork at the same time at the end of the packet.)

Signature:

Date:

10. Limits of Confidentiality

The law protects most information revealed in therapy as confidential and privileged, unless written permission is provided by the client to release specific documentation to others (such as a psychiatrist, primary care doctor, probation officer, etc.). Tree of Life Art Therapy takes your confidentiality very seriously, and will seek your consent to release information revealed in therapy, except in circumstances where the therapist is a Mandated Reporter, or has a Duty to Warn.

Mandated Reporter

Your therapist will need to report to the appropriate protection agency if:

A child is being or has been harmed, abused, exploited, or neglected, or there is reasonable evidence to suggest harm, abuse, exploitation, or neglect of a child.

An elderly or disabled person, or other vulnerable adult, is being or has been harmed, abused, exploited, or neglected, or there is reasonable evidence to suggest harm, abuse, exploitation, or neglect of a vulnerable adult.

Duty to Warn

Your therapist will need to report if:

You are in acute danger of harming yourself.

You have imminent plans to harm another individual.

In these cases your private information will only be disclosed to law enforcement agencies, the potential victim, your family or emergency contact, or appropriate third parties in a position to prevent or avert the harm.

Other Limits to Confidentiality

There are other instances where law and ethics regulations require mental health providers to report situations to the appropriate persons, or agencies, or release private client information:

A client reports sexual exploitation by a therapist.

The therapist and/or therapy notes are subpoenaed by a court of law.

If necessary, disclosure of a contact name, phone number, and other information may be released to a third party collection agency.

11. Social Media & Electronic Communication Policy

This policy outlines Tree of Life Art Therapy's use of social media and electronic communication. It will help you understand how your therapist might engage with you via the internet or other electronic means. If you have questions about anything noted here, please discuss it with your therapist.

Friending & Following

Tree of Life Art Therapy, or your therapist, will not accept friend or contact requests from current or former clients on social networking sites. It can compromise your privacy and confidentiality, and could blur the lines of the therapeutic relationship. This is not personal, and is a safety measure to ensure you are protected, and your therapist is in compliance with legal rules and ethics codes.

Tree of Life Art Therapy has a Facebook page and blog, and your therapist may also have professional profiles on various sites. You may choose to follow the Tree of Life Art Therapy page or blog feed. Your therapist will not follow you back in order to protect your privacy, and ensure you are in control of what your therapist knows about you.

Interacting

Tree of Life Art Therapy utilizes a third party vendor, Brighter Visions, to provide email, voicemail, and text services. Google, LLC transmits information, and may store information on their servers. You may elect to email your therapist, and by doing so, you are consenting to receiving a response via email. The only confidential method to contact your therapist is via the messaging option on your client portal.

Business Listing & Review Sites

You may find Tree of Life Art Therapy, or your therapist, listed on sites such as Yelp, Healthgrades, GoogleBusiness, etc. Some of these sites provide forums in which users can rate their providers. Many of these sites comb search engines for business listings, and automatically add the listings regardless of whether the business has added itself to the site. If you find a listing for your therapist or Tree of Life Art Therapy on any of these sites, please know the listing is not a request for a testimonial, rating, or endorsement from you. If you leave a review or comment on one of these sites, your therapist will not be able to respond in order to maintain your privacy and confidentiality.

If you have concerns about the work you are doing with your therapist, please bring them to session. If you choose to leave a comment on one of these sites, please remember that you may be revealing personal information in a public forum. If you feel that your therapist has done something harmful or unethical and you do not feel comfortable sharing it with her, you may contact the Minnesota Board of Marriage and Family Therapy.

12. Family, Couple, and Relationship Counseling

Secrets in Family, Couple, and Relationship Therapy

Tree of Life Art Therapy offers individual, family, couple, relationship, and group counseling. During the course of family, couple, and relationship counseling, the couple, family, or relationship unit is considered the "client," not the individuals participating.

Sometimes during family, couple, and relationship therapy, sessions are held with a subset, or individual members of the unit. If, during the course of one of these sessions, a secret is revealed that the larger family, couple, or relationship unit does not know about, you may be asked to reveal the secret to the larger unit. This pertains to secrets that impact the whole unit in a serious or dangerous way, or in a way that might hinder therapeutic progress.

Some examples of secrets that may need to be revealed are: current or ongoing affairs or infidelity; risky sexual activity or knowledge of STIs that puts other members of the unit in danger; burdensome financial debts or situations that impact the unit; gambling or substance addictions that impact the unit. This is not a complete list of scenarios when you may be asked to reveal a secret.

Your therapist will work with you to discuss the process of bringing information to the larger group, and will use their best professional judgment to determine what types of information, and when it is appropriate to bring discussions to the larger couple, family, or relationship unit. This practice is to ensure your therapist is able to maintain a trusting relationship with each member of the family, couple, or relationship, and work effectively to meet the therapeutic goals of the unit.

If you are asked to reveal a secret, you can work with your therapist to plan the process and gain the support you need to feel comfortable doing so. You are not required to reveal a secret, however, if the lack of disclosure impacts the ability to engage in effective therapeutic progress, therapy with the unit may be discontinued. In this case, the unit will be notified that there is an unrevealed issue that is hindering the ability to continue effective therapy.

If there is information you wish to discuss privately and do not want to share it with the larger group, you may benefit from seeking an individual counselor, separate from the therapist providing couple's, family, or relationship work. If you would like a referral for an individual counselor, please talk to your couple's, family, or relationship therapist

Releasing Information

If a member of the family, couple, or relationship unit requests that records of the family, couple, or relationship therapy be released, each member of the family, couple, or relationship unit will need to sign a release of information. If releases from each member are not obtained, records will not be released, or will be redacted to include information only about the requesting member.

13. EMDR Consent

I understand that Eye Movement Desensitization and Reprocessing (EMDR) is an evidenced based model of psychotherapy which has been validated by research in the treatment of distressing life events.

I understand that during EMDR treatment, distressing memories related to my life experiences may surface. I understand that such memories may have a high level of emotional disturbance, which I wish to resolve. I understand that there may be a temporary increase in dreams, memories, flashbacks, and emotions as I engage in EMDR. My therapist will teach me techniques to relax and work through such experiences, should they occur. In utilizing EMDR, my treatment goal includes resolving the memories of past events as a means of achieving a higher quality of life.

I understand that my therapist has been trained in EMDR. She has a voluntary credential of EMDRIA Certified EMDR Therapist, through the EMDR International Association. As part of that Certification, she engages in consultation and regular training around the use and integration of EMDR into the therapy process. If I have questions or concerns about my therapist's use of EMDR, the process of EMDR, or the results of EMDR, I agree that I will discuss them with her in a timely manner.

Before beginning EMDR treatment, I have thoroughly considered all of the above. I agree that I will alert my therapist to any questions or concerns that arise for me throughout the process of receiving treatment.

My signature below affirms that I consent to receive EMDR treatment, and I provide my signature free from pressure or influence from any person or entity.

Art Therapy Confidentiality and Permission Agreement for the Reproduction and Use of Client Artwork

I acknowledge that I have been fully informed regarding the reproduction and use of client artwork. I, herein give Tree of Life Art Therapy permission to:

- Audio tape art therapy sessions
- Display artwork
- Duplicate artwork
- Permit third-party (professionals or students) observation of art therapy sessions
- Photograph or document artwork for client file
- Use the artwork for educational, research or assessment purposes, publication, and public presentations
- Use the artwork on the internet (web-based publications)
- Video tape art therapy sessions
- All the above

I understand that in all cases, Tree of Life Art Therapy therapists will take reasonable steps to protect client identity and disguise any part of the artwork, videotape, or audio recording that reveals client identity.

If any time I choose to withdraw my permission, I will contact Tree of Life Art Therapy, and my request will be honored immediately. I understand that for research and/or publication my withdrawal of permission cannot be grandfathered.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

As parent/guardian of the above person, I consent to the above release, and to the uses set forth therein. I am authorized to sign on behalf of the child/adolescent.

Therapist Signature: _____ Date: _____

Art Therapy Informed Consent

I hereby acknowledge that Tree of Life Art Therapy informed me of my rights in relation to the following aspect of the art therapy:

- Nature of the art therapy process
- Art therapist's credentials
- Art therapist's expectations of the clients
- Client's expectations of the art therapist
- Limitations of the art therapy process
- Confidentiality and release of information
- Financial agreements
- Client's right of access to files
- Client's right to terminate the therapeutic relationship
- Supervisory/Consultation relationships utilized by art therapist

Artwork: I understand that upon termination of services (discharged or have not made an appointment within 60 days of my last one) artwork will be digitally archived and securely disposed of.

I have had the opportunity to discuss all aspects of treatments fully and have had my questions answered. I understand the treatment planned and agree to participate in art therapy. I authorize the release and exchange of information relating to psychological and physical history and status to Tree of Life Art Therapy. This information may include all necessary; medical information for medical treatment, evaluations of clinical treatment and services; and school/educational information for educational services, if applies.

I grant permission to Tree of Life Art Therapy, to contact physicians, therapist, and school personnel for consultation purposes before and during my participation in art therapy. I have been assured that strict adherence to professionalism and confidentiality will be observed.

You have the right to report complaints to the Art Therapy Credentials Board by writing to:

ATCB, Inc.
Executive Director
ATTN: Ethics - Confidential
7 Terrace Way, Suite B
Greensboro, NC 27403-3660

Teaching Site

In coordination with Invigorate Life Counseling, Tree of Life Art Therapy serves as a practicum experience provider for graduate students completing programs in mental health therapy. As part of that experience, practicum therapists see their own clients, and join licensed therapists to observe sessions, or engage in sessions as a co-therapist.

Co-therapy is a process where two therapists work together with a client. It is typically beneficial to both the client and the therapists. The client is able to get different perspectives, insights, and the knowledge and skill of two therapists, while the therapists work in tandem to provide quality care.

Typically, co-therapy begins at the start of services, so, when possible the practicum therapist would attend the first/intake session. The practicum therapist would be involved in your sessions on an ongoing basis, until they complete their training program, or you rescind your consent for their participation. There is no additional cost associated with co-therapy.

There are two types of observation: in-room and out-of-room. In-room observation of sessions typically happens between one and four times with a single client, but may be ongoing. In that process, the practicum therapist is in the room (or virtually present, if meeting online) to witness the therapy session, but does not engage as a co-therapist. The practicum therapist provides an introduction, and the client has the chance to engage with or ask questions of the practicum therapist at the end of the session(s). Out-of-room observation happens when a session is temporarily recorded via audio-visual methods, and the practicum therapist views the recording in a private and secure location outside of the therapy room. Recordings are deleted or otherwise destroyed within 10 days, and do not leave the premises. During observations, the practicum therapist is focused on watching and observing the licensed therapist.

The purpose of providing this experience is to ensure new therapists have the tools, knowledge, and skills they need to provide quality care to clients, and to help ensure the welfare of mental health consumers and the public.

Consent

Allowing a practicum therapist to be a part of your sessions, through observation or co-therapy, is completely voluntary and optional. You are under no pressure or obligation to consent.

Note: The practicum therapist currently training at our site identifies as female. I

consent to having a practicum therapist join my sessions as a co-therapist.:

I consent to in-room observation by a practicum therapist.:

I consent to out-of-room observation by a practicum therapist.:

You may revoke consent to have a practicum therapist involved in your care at anytime by notifying your

therapist. If you give consent through this form, your therapist will follow up with you before a practicum student joins your session(s) to observe or provide co-therapy.

Supervision Site

Tree of Life Art Therapy) offers supervision to art therapists who are pursuing Registration and Board Certification in Art Therapy. In pursuit of those hours, supervised therapists see their own clients, and may join other therapists for sessions as co-therapists.

Co-therapy is a process where two therapists work together with a client. It is typically beneficial to both the client and the therapists. The client is able to get different perspectives, insights, and the knowledge and skill of two therapists, while the therapists work in tandem to provide quality care. The supervised therapist would likely be involved in your sessions in an ongoing basis, until they achieve independent licensure, or you rescind your consent for their participation. There is no additional cost associated with co-therapy.

The purpose of providing this opportunity is to ensure new therapists have the tools, knowledge, and skills they need to provide quality care to clients, and to help ensure the welfare of mental health consumers and the public.

Consent

Allowing a supervised therapist to be a part of your sessions as a co-therapist is completely voluntary and optional. You are under no pressure or obligation to consent.

I consent to having a supervised therapist join my sessions as a co-therapist.:

You may revoke consent to have a supervised therapist involved in your care at anytime by notifying your therapist. If you give consent through this form, your therapist will follow up with you before a supervised therapist joins your session(s) to provide co-therapy.

14. Credit Card Policy

Credit Card Policy

As of January 1, 2021:

In order to access services at Tree of Life Art Therapy, you will be asked to save a credit card to your account via the client portal. This is offered as both a payment convenience, and way to ensure you do not incur unnecessary late fees. You may use any credit or debit card (including most HSA/FSA account cards) branded with Visa, MasterCard, American Express, Discover, Diner's Club, and JCB logos.

Session fees/account balances (including those for missed/cancelled/rescheduled sessions in accordance with the Cancellation Policy) will automatically be charged to your saved credit card (typically within 0-3 business days of session/cancellation), unless you specifically request and make other payment arrangements with your therapist. You will NOT receive notice before each charge to your card that is processed per this policy. You may elect to receive an email notice each time your card is charged by choosing that option in your client portal preference settings.

You may pay with cash or check at any session to forego having the saved card charged.

If you would like to change the card saved on your file, simply log into your client portal account to update your preferred card, or contact your therapist for assistance.

If your saved credit card is declined, you will be notified to update your card and pay your outstanding balance. If 30 days pass with an unpaid account balance, you will be subject to late fees, per the policy found in the Informed Consent section of your intake packet.

I have read and agree to the above Credit Card Policy. I understand that my saved credit card will be charged after each session, unless I specifically request and make different payment arrangements with my therapist.

15. Telehealth Consent

You may have the option to access appointments via telehealth at Tree of Life Art Therapy. Telehealth means meeting with your therapist virtually via the Internet. Telehealth sessions with Tree of Life Art Therapy are held via the HIPAA-compliant platform, doxy.me, or another HIPAA-compliant backup services when needed.

The morning of your appointment, you will receive an emailed link to join the telehealth session. Simply click on the link and check into the virtual waiting room. Your therapist will start the session when ready.

Telehealth Notices

Please ensure you are in a private and secure location where you can speak freely.

Please ensure you have a high speed internet connection and/or high speed mobile data available. Connecting via Ethernet (instead of WI-FI) is ideal.

The use of headphones, or a headset with microphone, can greatly improve session quality by ensuring we can hear each other well, and reducing potential audio feedback.

There may be disruptions based on server load and connectivity issues. If your session is disrupted, and not successfully able to reconnect, your therapist will follow up with you via email about rescheduling.

There may be a short transition time between sessions/clients when utilizing telehealth. It will usually be five minutes or fewer. We apologize for any delay.

Please read through the following Telehealth Consent. If you have questions or concerns, please address them to your therapist, during or prior to your session.

If you do not consent, please do not attend your scheduled session, and contact your therapist ASAP via email or your client portal. The cancellation policy of Tree of Life Art Therapy applies for all sessions, including telemedicine.

Telehealth Informed Consent

By clicking on the telehealth link for my appointment, I hereby consent to engage in telehealth (also called telemedicine) (e.g., internet, email or telephone based therapy) with Kristin Kane, M.A., ATR-BC, LMFT, as an alternate mode of my psychotherapy treatment. I understand that telehealth includes the practice of health care delivery, including mental health care delivery, including, but not limited to, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telehealth may also involve the communication of my medical/mental health information, both orally and visually, to other health care practitioners. I understand that all Tree of Life Art Therapy forms, policies, fees, and disclosures that apply to in-person sessions, of which I signed and consented to at the start of treatment, also apply to telehealth sessions.

I understand I have the following rights in regard to telehealth:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

(2) The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim (including myself); and where I make my mental or emotional state an issue in a legal proceeding. (See also Privacy Practices forms, available on your client portal, for more details of confidentiality and other issues.) I also understand that the dissemination to researchers or other entities, of any personally identifiable images or information from the telemedicine interaction shall not occur without my written consent.

(3) I understand that there are risks and consequences from telemedicine. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; the electronic storage of my medical information could be accessed by unauthorized persons; and/or misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner. In addition, I understand that telemedicine-based services and care may not yield the same results, nor be as complete as face-to-face service. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face service), I will be referred to a psychotherapist in my area who can provide such service. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy and that, despite my efforts, and the efforts of my psychotherapist, my condition may not improve and in some cases may even get worse.

(4) I understand that I may benefit from telemedicine, but results cannot be guaranteed or assured. The benefits of telemedicine may include, but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.

(5) I understand that I have the right to access my medical information and copies of medical records in accordance with Minnesota law, that these services may not be covered by insurance, and that, if there is intentional misrepresentation, therapy will be terminated. I have read and understand the information provided above. I have discussed it with my psychotherapist and all of my questions have been answered to my satisfaction.

Treatment Agreement

Please check each box, indicating you received and/or understand the following. Each box must be checked to proceed with services at POW! Psychotherapy.

- I received information about Tree of Life Art Therapy, including my patient bill of rights, and the credentials of my therapist.
- I authorize Tree of Life Art Therapy to provide treatment to myself or my child, and understand that I can revoke this consent in writing at any time.
- I understand that I am financially responsible for all fees for services received at Tree of Life Art Therapy, and that payment is due at the time of service.
- I understand that I will be subject to a \$20 late fee per 30 day period that a bill remains outstanding. The 30 day period begins at the day/time of the service/missed appointment. I understand that if my bill goes unpaid, Tree of Life Art Therapy may utilize the services of a third party collection agency.
- I understand that it is my responsibility to keep my therapist up-to-date on any changes to my personal or contact information, and my ability to pay for services.
- I understand and give permission for my therapist to consult with other professionals, including supervisors/supervisees, about my case. I understand that my therapist will take precautions to keep identifying information (full name, work place, etc.) confidential.
- I understand that Tree of Life Art Therapy is not a crisis resource. I acknowledge that I have been provided with a list of crisis resource phone numbers as part of my intake packet.
- I understand that my therapist is a Mandated Reporter, and that they will notify the proper agencies if it becomes known or highly suspected that a child or vulnerable adult is being harmed, abused, neglected, or exploited. I understand that my therapist has a Duty to Warn if clients have specific intent to act violently against themselves or others.
- I understand that Tree of Life Art Therapy uses a third party vendor for email, and voicemail services. Though Tree of Life Art Therapy has a Business Associate Agreement (BAA) with Brighter Visions, LLC, ensuring HIPAA compliance, I understand that if I elect to communicate with my therapist via one of those methods, the vendor will transmit and potentially store information on their servers, and it could be intercepted by unintended third parties. I understand that I can communicate confidentially with my therapist by using the secure messaging options..
- I attest that I am entering into services with Tree of Life Art Therapy of my own free will, and without coercion. I attest that I am entering into a self-pay/cash-based financial agreement for services, regardless of my insurance status, of my own free will, and without coercion. If I have insurance coverage, I understand that the services I am receiving at Tree of Life Art Therapy may be covered under my plan if I were to see a different provider, and attest that I am making the choice to forego of my insurance coverage of my own free will, and without coercion. I attest that I am explicitly

electing that Tree of Life Art Therapy not submit claims to my insurance/health care plan for services rendered.

- I understand that Tree of Life Art Therapy often works closely with Invigorate Life Counseling, and that they are two separate entities. Each business carries its own professional liability insurance coverage.

Credit / Debit Card Payment Consent

Client name:

(Card holder) Name on card if different than client:

Card Type:

Card number:

Expiration Date :

CVV Code on back of card:

I authorize Tree of Life Art Therapy to charge my credit/debit/health account card for professional services. If I do not cancel before 24 hours, I recognize that Tree of Life Art Therapy will charge my card as a late cancel or no show if I do not show up for the appointment. I will be billed for the full session charge of \$175 for 50 minute session.

I verify that my credit card information, provided above, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing and initialing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within thirty days.

Client Initials:

Card holder Initials (If different than client):

Date:

Informed Consent

I hereby authorize permission to participate in individual, couples or family therapy sessions. I agree to participate with this process and to be an informed consumer of these services.

My client rights include that I shall be given by my clinician(s) complete and current information concerning my diagnosis, treatment, description of services, goals of care, alternatives and risks. This information shall be in terms and language I can reasonably be expected to understand. I must be allowed to participate in the planning of my treatment and care. Parents of minors and guardians of clients may also participate if they so choose. I must be informed of my treatment and care, including alternatives and possible side effects or risks of treatment. I acknowledge that I am free to discontinue services at any time.

I have read and fully understand the client bill of rights, confidentiality and privacy, and policies and procedures from Tree of Life Art Therapy.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

As a parent/guardian of the above person, I consent to the above release, and to the uses set forth therein. I am authorized to sign on behalf of the child/adolescent.