



## **NOTICE OF PRIVACY PRACTICES**

### **Health Information Portability & Accountability Act (HIPAA)**

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.

#### **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your personal health information (PHI) as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This is a brief version of the Notice of Privacy Practices. If you have any questions or want to know more about anything in this notice, please contact Root to Crown Healing & Wellness, LLC.

#### **How we use and disclose your protected health information with your consent**

We may use/disclose the information we collect about you to provide you with the best possible treatment; PHI disclosure for the purposes of treatment is used to enhance your care, coordinate your care services with other providers, or generally manage the services you are receiving. We may use/disclose your PHI to bill third parties (insurance companies, collection agencies, utilization review personnel, EAPs) and to collect payment for the services rendered as part of your treatment. The PHI disclosed may include your name, date of birth, diagnosis, treatment service code, and provider. We may also use your information to make benefit determinations and prior service authorizations, when appropriate. Additionally, Your PHI may be used for other general healthcare business operations designed to improve services at Root to Crown Healing & Wellness, LLC.

After you read this notice we will ask you to sign a consent form to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat

you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

### **Disclosing your health information without your consent**

There are some times when the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit.
5. When the use and/or disclosure relates to decedents and information is required for a coroner or medical examiner, consistent with applicable laws, to carry out their duties.

### **Your rights regarding your health information**

1. You can ask us to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You can ask us to limit what we tell people involved in your care, such as family members and friends.
3. You have the right to look at health information we have about you, such as your medical records. You can get a copy of these records. Contact Root to Crown Healing & Wellness, LLC to arrange how to see your records.
4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing. You must also tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting area, and you can always get a copy of it from your provider.
6. You have the right to file a complaint if you believe your privacy rights have been

violated. You can file a complaint with Root to Crown Healing & Wellness, LLC and with the Secretary of the U.S. Department of health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

**Minnesota Patient Consent for Disclosures**

For most disclosures of your health information we are required by State of Minnesota Laws to obtain a written consent from you, unless the disclosure is authorized by Law. This consent may be obtained at the beginning of your treatment, during the first delivery of health care service, or at a later point in your care, when the need arises to disclose your health information to others outside of our organization. Consent from you may come in the form of verbal permission or written authorization. We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked by you at any time with written notification.

If you have any questions regarding this notice or our health information privacy policies, please contact Root to Crown Healing & Wellness, LLC at 612-351-0108. The effective date of this notice is January 1, 2021.

**HIPAA Acknowledgement**

I, \_\_\_\_\_, have read and understand the HIPAA Privacy Practices set forth by Root to Crown Healing & Wellness, LLC. I understand that I may request a copy of this document from my provider at any time.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



## **Clinic Policies & Informed Consent for Treatment**

Psychotherapy is a collaborative process through which change is enacted with the help of a trained professional. The therapeutic process aims to empower clients to find hope through a focus on personal strengths to promote healing and through building a trusting relationship with your provider. Inherent in the process, there exists both risks and benefits to engaging in psychotherapy services. By engaging in services with Root to Crown Healing & Wellness, LLC, you are agreeing to be treated, despite certain risks, including exacerbation of symptoms, which may arise during the process; over time, improvements will likely be experienced. There are many benefits to psychotherapy, including reduction in symptoms and improved functioning. The benefits often outweigh the risks, however, there are cases in which psychotherapy does not work, or is not the optimal treatment approach.

### **Client Confidentiality**

As a client of Root to Crown Healing & Wellness, LLC, you have the right to confidential treatment records and access to your records at any time. We have an obligation to respect your right to confidentiality regarding the information shared in the therapeutic setting. Absolutely no client protected health information will be given to third parties without a release signed by the client, unless mandated by law. Exceptions to client confidentiality include the mandated reporting of child or vulnerable adult abuse or neglect, threat to injure self or others, and court ordered subpoenas for client records. Client confidentiality is mandated by federal and state law (Minnesota Statutes, chapters 2150, 13 and 148C, and Code of Federal Regulations), including the Health Information Portability and Accountability Act (HIPAA).

**Consultation/ Acknowledgement of Care Administered  
by Supervised Psychotherapist**

Root to Crown Healing & Wellness, LLC, staff includes providers under the supervision of a licensed psychotherapist; this includes Master's level psychotherapists who are working toward independent licensure. Providers under supervision are closely monitored and receive regular supervision, consultation, and guidance by an independently licensed and experienced clinical supervisor. Your signature below indicates your consent to being treated by a supervised provider, Cassandra Sawyer, MA, ATR-P, RYT200, who is not credentialed by your insurance. You are acknowledging that the above-named provider will discuss with their clinical supervisor their work completed in session with you in order to ensure you are receiving competent care with appropriate clinical interventions and best practices in the psychotherapy setting. Your consent to be treated by the providers at Root to Crown Healing & Wellness, LLC implies your permission for your provider to seek consultation for the purpose of providing you with excellent care. Informed consent by your signature below, grants your provider the opportunity to obtain professional consultation and clinical direction.

### **Appointment Scheduling**

We request that you contact your provider at least **48 hours** before a scheduled appointment for any cancellation or rescheduling needs. Your appointment time is reserved only for you; when you neglect to give us notice that you will not be using that time as previously agreed, we need to be able to offer it to others who are waiting for services. Arriving late to an appointment will mean that you will have less time with your provider during your scheduled appointment. If you will be tardy in excess of **15 minutes**, your appointment may be rescheduled and a late cancel fee (100% of rate) may be assessed. Any late cancellations or no call/no show missed appointments will be assessed the applicable fees. If chronic late cancels or appointment failures occur, you may be asked to schedule on a same day basis to avoid further charges. If not showing up to your scheduled sessions becomes a pattern, you may be terminated from services and referred to another program/provider. Successful therapy relies on a commitment of consistency on the part of the client. This will help to build rapport with your provider and you will be more likely to see the changes and results you are looking for when regularly attending sessions. Sessions are scheduled for **50 minutes** in duration.

## **Social Media Policy**

Cassandra Sawyer, MA, ATR-P, RYT and other Root to Crown Healing & Wellness, LLC providers will not accept friend or contact requests from current or former clients on any of their personal social media site (Facebook, Instagram, LinkedIn, etc). Adding clients as friends or contacts on these sites can compromise confidentiality and privacy of the client and can blur the boundaries of the therapeutic relationship.

Root to Crown Healing & Wellness, LLC maintains a Facebook business page, and a professional presence on Instagram to allow people to stay informed of events and topics of concern in the mental health field. We have no expectation that you as a client will want to follow us on any social networking sites. These pages are viewed by the public and anything you should comment on or like will have your name listed and could compromise your confidentiality. Clients are not to use messaging features on social media sites to contact their providers. These sites are not secure and could compromise confidentiality. You may follow Root to Crown on Facebook or Instagram if you agree to the above terms @RootToCrownHealing

## **Email Communication Consent**

I understand that email is permitted only for purposes of scheduling or billing issues/ concerns. Email messages are not to contain protected health information. Any email or attachments may become a part of my permanent file, subject to applicable release and privacy laws. All emails and attachments sent and received by Root to Crown Healing & Wellness, LLC are scanned with current anti-virus software. Protection of client's computer against virus attacks is the sole responsibility of the client. Client understands and accepts the inherent risk to privacy involved in email communication, including, but not limited to: interception by unknown parties; inability to communicate via email due to incorrect address; computer virus; interception by monitoring software commonly used in the workplace; etc. Root to Crown Healing & Wellness, LLC will treat client email addresses as confidential information, subject to applicable privacy laws and ethical considerations. Email messages may be copied to other applicable parties, via email, fax or postal mail, per standard ethical and professional considerations.

### **After Hours Emergencies**

For after hours or emergency needs, please call 911, contact the Ramsey County Crisis Services at 651-266-7900 (Adult)/651-774-7000 (Children), or call your local mobile crisis unit. While Root to Crown Healing & Wellness, LLC providers are not available 24/7, we will do our best to respond to any client needs in a timely manner. It is requested that any clients who are admitted to the hospital notify their provider as soon as possible. This will assist in effective coordination of care.

### **Court and Legal Proceedings**

Because a safe and trusting relationship with your provider is the cornerstone of an effective therapeutic experience, we do not willingly engage in any court and other legal proceedings on behalf of a client. While the legal process may demand dissemination of information regarding your treatment or other health information, revealing personal details about a client in court can be particularly damaging to the client-provider relationship, which is built on trust and confidentiality, and may not provide helpful to the client's case. As such, we ask that you decline from involving your provider in any court or legal proceeding in which you engage. If you require a treatment progress summary letter for use on your behalf in court proceeding, at least one week's notice is required and applicable associated fees will be assessed. We do not perform court evaluations. Should we be summoned to court under a judge's order or subpoena, we will charge the full amount applicable under law for our services. Fees will also be assessed for copies of your records for court purposes. In the event that your provider is summoned to court to testify, appropriate hourly fees will be assessed, as outlined in the Fee Schedule, for which the client will be fully responsible for paying to Root to Crown Healing & Wellness, LLC in advance.

### **Client & Staff Safety**

Root to Crown Healing & Wellness, LLC requests that firearms not be brought into the establishment, regardless of a person's conceal carry permit issued by the state of Minnesota or any other state. In order to maintain the safety of our clients and staff, we

request your compliance with this policy. According to MN Statute, 624.714, the signage posted at the entrance to our office in combination with this direct notice of request satisfies the legal requirement that Root to Crown Healing & Wellness, LLC has to meet in order to enforce the restriction of guns in our office areas.

### **Client Bill of Rights** *(MN Statute 2150.7550 Client Welfare)*

Consumers of professional counseling and of marriage and family therapy services have the right to:

- Expect that the provider has met the minimal qualifications of education, training and experience required by state law;
- Examine public records maintained by the Board of Behavioral Health and Therapy or by the Board of Marriage and Family Therapy that contain the credentials of the provider;
- Obtain a copy of the Rules of Conduct from Minnesota's Bookstore, Department of Administration, 660 Olive Street, St. Paul, MN 55155, or its current location;
- Report complaints to the Board of Behavioral Health and Therapy or the Board of Marriage and Family Therapy;
- Be informed of the cost of professional services before receiving the services;
- Privacy as defined and limited by rule and law;
- Be free from being the object of unlawful discrimination while receiving counseling services;
- Have access to their records as provided in part [2150.7520](#), subpart 1, and Minnesota Statutes, section [144.292](#) and Minnesota Statutes, sections 144.291 to 144.298, except as otherwise provided by law or prior written agreement;
- Be free from exploitation for the benefit or advantage of the provider;
- Terminate services at any time, except as otherwise provided by law or court order;
- Know the intended recipients of assessment results;
- Withdraw consent to release assessment results, unless this right is prohibited by

law or court order or is waived by prior written agreement;

- A nontechnical description of assessment procedures; and
- A nontechnical explanation and interpretation of assessment results, unless this right is prohibited by law or court order or this right was waived by prior written agreement.

### **Fee Schedule**

**Initial Diagnostic Evaluation \$150**

**Individual Therapy (30 minutes) \$100**

**Individual Therapy (50 minutes) \$150**

**Group Therapy (per 60 mins) \$75**

**Late Cancel (less than 48 hrs. notice) 100% of rate**

**Missed Appointment (no call/no show) 100% of rate**

**Treatment Progress Summary Letter \$25.00**

**Returned Check Fee \$40.00**

**Court document preparation (per hour) \$60.00**

**Court Appearances (per hour) \$300.00**

*\*Private pay rates may be negotiable; sliding fee scale is available to those who demonstrate financial hardship.*

### **Payment & Insurance Billing**

Root to Crown Healing & Wellness, LLC provides fee-for-service psychotherapy. This means that any client receiving services under a self-pay contract is responsible for paying at the time of service. Providers may bill for services rendered, which may include a combination of modalities and services codes depending upon each client's specific therapeutic needs. Billable services that may include additional charges beyond the general visit charge which include, but are not limited to: Eye Movement Desensitization and reprocessing, art therapy, somatic and movement-based therapy modalities, therapeutic approaches requiring specific equipment, reiki and other energy work, and use of language interpreter services.

### **Self-Pay Agreement**

My receiving services at Root to Crown, the client agrees to the following: I have reviewed my insurance benefits and I have elected to NOT utilize my insurance for the purpose of payment for any service with the providers at Root to Crown Healing & Wellness, LLC. I understand that my insurance will not be billed at any time and any amount paid by me will not be reported to my insurance for purposes of copayment or contributing to any coinsurance or deductible. I hereby waive my right to request previous dates of service or charges incurred to be submitted to insurance by the provider at any later date. This

authorization may be canceled in writing at any time. If I choose to utilize my insurance benefits in the future, I agree to deliver written notice of my request to the provider that will take effect on the date that my notice is signed.

**Credit Card on File**

For self-pay services Root to Crown Healing & Wellness, LLC requires a credit card on file (IvyPay or other payment options). By checking this box, you are consenting to be charged for any outstanding or delinquent balances. Your card will not be charged without your advance notice.

**Dissatisfaction with Services**

Part of the therapeutic process is establishing a trusting relationship. Not all providers will be the right fit for you. If you are dissatisfied with the services of your provider or wish to be referred to another provider, you may express your concern(s) directly to your provider, if possible and/or request to contact the provider’s supervisor, if applicable. Terminate the treatment relationship if the situation remains unresolved. Contact the provider’s appropriate licensing board with your concerns.

**Clinic Policies & Informed Consent for Treatment**

I \_\_\_\_\_, hereby acknowledge and agree to the terms and conditions outlined in the clinic policies, and I consent to be treated by the providers at Root to Crown Healing & Wellness, LLC.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



## Credit / Debit Card Payment Consent Form + Sliding Scale Agreement

Client Name: \_\_\_\_\_

Name on Card if different than client: \_\_\_\_\_

Phone number: \_\_\_\_\_ \*you will receive a text from IvyPay to initiate payment

- I authorize Root To Crown Healing & Wellness, LLC to charge my credit/debit/health account card for professional services up to 48 hours before our scheduled appointment via IvyPay or other card processing.
- If I do not cancel before 48 hours, I recognize that Cassandra Sawyer, MA, ATR-P, RYT200 will charge my card the full session amount for late cancels or no show if I do not show up for the appointment.
- We have made an agreement to an adjusted sliding scale rate of \$\_\_\_\_/hour. This arrangement will be revisited every 3 months to determine if financial assistance is still needed and/or if the therapist is still able to continue this arrangement.**
- 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.

### Credit/Debit Card Payment Consent Form

I \_\_\_\_\_, hereby acknowledge and agree to the terms and conditions outlined in the clinic policies, and I consent to be treated by the providers at Root to Crown Healing & Wellness, LLC.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



## **INFORMED CONSENT FOR TELEMENTAL HEALTH SERVICES**

Telemental Health services are defined as video-based telecommunication used for psychotherapy sessions when you are not in the same physical location as your provider. Sessions will be scheduled by the same means as in person sessions and will start and end on time. Root to Crown Healing & Wellness, LLC utilizes doxy.me, a HIPAA compliant and HITECH Act compliant platform, for telemental health services. You will be asked to create an account and sign on from your personal computer, phone, or tablet in order to participate in an online video counseling session. Your personal device will need to meet the requirements of doxy.me. Sessions function similar to an in-person therapy session. Your provider will invite you to login and wait in the virtual “waiting room” at the time of your scheduled telemental health session. When your provider logs on, they will initiate the session.

**Link: <https://doxy.me/cassandrasawyer>**

**\*Please use Google Chrome for best connection\***

### **Payment**

The same fee rates will apply for telemental health as apply for in-person psychotherapy. No-show and late cancel (less than 48 hours notice) fees apply (100% of rate).

### **Benefits and Risks**

Telemental health services refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing. One of the benefits of using this medium is that you can receive services without being in the same physical location as your provider. This can be helpful in ensuring continuity of care, and it may be more convenient and/or take less time out of your day. Although there are benefits of telemental

health services, there are some differences between in-person psychotherapy and telemental health care, as well as some risks.

Risks include:

- Risks to confidentiality. There is potential for other people to overhear sessions if you are not in a private place during the session. It is important for you to make sure you find a private place for your session where you will not be interrupted. Your provider will always be in an enclosed office where confidentiality is maintained on their end.
- Issues related to technology. Technology could stop working during a session. You and your provider will make a plan regarding reconnecting if a session gets interrupted by technological issues.
- Crisis management and intervention. You and your provider will develop an emergency response plan to address potential crisis situations that may arise during telemental health services. Telemental health services will not be provided when conditions indicate necessary higher levels of care.

### **Efficacy**

Most research suggests that telemental health services are about as effective as in-person psychotherapy. However, some interventions may not be as effective because certain physical or emotional shifts, particularly those that occur in trauma therapy, may be challenging to explore. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.

### **Appropriateness of Telemental Health Services**

It is important that your safety is maintained at all times. From time to time, your provider may schedule in-person sessions to "check-in." If telemental health services become no longer the most appropriate form of treatment for you, your provider will discuss with you options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

## **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telemental health than in traditional in-person therapy. For this reason, you and your provider will create an emergency plan before engaging in telemental health services. You will be required to identify an emergency contact person who is near your location and who your provider will contact in the event of a crisis or emergency to assist in addressing the situation. You will be asked your address at the beginning of every session for safety purposes.

There is a chance technology can fail during a session, potentially in sensitive situations. If the session is interrupted for any reason, such as if the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, the Ramsey County Crisis line at 651-266-7900(adults) or 651-266-4500 (children/teens), or go to your nearest emergency room. Call your provider back after you have called or obtained emergency services. If the session is interrupted and you are not having an emergency, disconnect from the session and your provider will wait two (2) minutes and then re-contact you via doxy.me. If you do not receive a call back within two (2) minutes, then call your provider on the telephone (612-351-0108). If there is a technological failure on the client end and you are unable to resume the connection, you will still be charged the entire amount of the session. If there is a technological failure on the therapist end and you are unable to resume the connection, you will only be charged the prorated amount of actual session time.

## **Confidentiality & Records**

Confidentiality of the telemental health and all associated records will be maintained in the same way as an in-person session. Your provider will always be located in an enclosed room with a shut door with no other persons present (except in the case of observation/co-therapy by a clinical trainee with advanced permission from you). Risks to breach of confidentiality increase if you are not in a private space or complete your due diligence in preventing others from overhearing the session. Please be aware that you could inadvertently compromise your own confidentiality through your own behaviors around personal security, or through sharing information about your telemental health sessions

with others.

The telemental health sessions shall not be recorded in any way unless agreed to in writing by mutual consent. Your provider will maintain a record of your session in the same way they maintain records of in-person sessions in accordance with clinical and legal policies/requirements.

### **Informed Consent**

This agreement is intended as a supplement to the general informed consent agreed upon at the outset of initiating services with Root to Crown Healing & Wellness, LLC and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

I consent to use telemental health services with Root to Crown Healing & Wellness, LLC for some or all of my psychotherapy sessions, as appropriate. I understand that it is my responsibility to ensure that I am in a private location, maintaining my confidentiality. I also understand that telemental health services will only be rendered when it is deemed safe and appropriate by my provider. I agree to verify with my provider my identity and my specific location at the start of each telemental health session. I understand that it is my responsibility to ensure a good connection to internet throughout the duration of the telemental health session

#### **Telehealth Consent Form**

I \_\_\_\_\_, hereby acknowledge and agree to the terms and conditions outlined in the clinic policies, and I consent to be treated by the providers at Root to Crown Healing & Wellness, LLC.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



## **Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact's relationship to you: \_\_\_\_\_

## **Emergency Contact Consent**

I understand that the above named emergency contact will be contacted in the case of medical, mental health or other emergency perceived by Root to Crown Healing & Wellness, LLC providers. I understand that Root to Crown Healing & Wellness, LLC providers are required by law to warn/protect if there is serious threat to harm of self or others. In the event of immediate concern for danger, the above identified person may be contacted in addition to any necessary police or emergency personnel.

## **Emergency Contact Consent**

I \_\_\_\_\_, hereby acknowledge and agree to the terms and conditions outlined in the clinic policies, and I consent to be treated by the providers at Root to Crown Healing & Wellness, LLC.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_