



Christy Anderson Jacob, Ph.D

Licensed Psychologist

CLIENT INFORMATION

Welcome! The following information is important. I encourage you to read this carefully and discuss any questions or concerns you have with me. I refer you to my website for more detailed information about the therapeutic process.

Appointments

Appointments will be individually arranged. Individual sessions are typically 50 minutes in length. Some appointments may be pre-arranged for longer or shorter periods of time with the fee adjusted accordingly. If for any reason you should need to cancel or miss an appointment, please contact me as soon as possible (noting that you will be charged for cancellations made with less than 24 hour notice).

Fees

Services are offered at the rate of \$165.00 for a 50-minute session. Please pay at each meeting. Daily or monthly receipts will be provided if requested. I will bill your insurance directly if I am an in-network provider. You are responsible for any co-payment or any other amount not covered by them. If a check is cancelled and returned, you will be responsible to pay the fee assessed by your bank. If for whatever reason you have an overdue bill that is not being paid, I reserve the right to provide necessary information to a collection agency.

Failed appointments or late cancellations (less than 24 hour notice) will be fully charged directly to you. Insurance companies do not provide reimbursement for cancelled sessions. If questions or concerns arise about your fees, please bring them up with me.

Contacting Me

Phone messages may be left at my office number at any time. I monitor messages daily during the week and will try to return your call as soon as possible. If you have not received a return call from me within 24 hours, please leave another message, as it is likely I didn't receive your original message. I do not check my messages on weekends, unless we specifically arrange it.

You may also email me (if you have signed the consent to communicate by non-secure means). I do not encourage personal emails in order to protect your confidentiality. Email is ideal for scheduling and billing issues.

christy@cmajinc.com

Emergency Care

In the event of an emergency, call 911 or go to the emergency room of a hospital near you. For 24-hour phone support, you can call one of the following crisis numbers:

Crisis Connection	612-379-6363
Ramsey County Crisis Line	651-266-7900
Hennepin County Crisis Line	612-596-1223
Sexual Violence Center Crisis Line	612-871-5111

Confidentiality and Access to Records

You can be assured that what you say here is confidential. Any information given to another party will be at your request and with your written permission. You will be informed by me of any disclosure related to the following legal limitations placed upon maintaining confidentiality:

1. Court order of records by a Court of Law.
2. Reporting of abuse or neglect of a child or vulnerable adult as mandated by Minnesota State law.
3. Indications that you intend to seriously harm yourself or someone else (including use of a felonious drug during pregnancy).
4. Your diagnosis, which is required on all health insurance claim forms, is a disclosure of your private information which you incur as a function of the insurer's right to assess use of mental health coverage. If more detailed information is requested by them, I will discuss this with you prior to releasing it to the insurance company.
5. If you are a minor and are not considered emancipated, your parent or legal guardian has access to your records unless they have agreed to waive this right. Limitations described above (#1- 4) always apply.

You have the right to know what information is being kept in your record; you have the right to see that information; and, you have the right to challenge inaccurate or incomplete information in your record. This is in accordance with Minnesota's Data Practices Act. Please refer to our website for Health Insurance Portability and Accountability Act (HIPAA) information.

In the event of unexpected unavailability on my part, a professional associate will be in contact with you. This person will uphold the same professional standards of confidentiality and care.

If you have any questions or concerns regarding any of these topics, please bring them up so that we can discuss them. I am committed to providing ethical, respectful, and competent psychological services regardless of race, religion, ethnic background, gender, sexual orientation or disability. You can expect that I will provide high quality professional service.

Your signature below indicates that you have read the above information. It also serves as an acknowledgement that you have been informed where you can access our required HIPAA information.

Signature

Date

Print Name

Signature of Witness (if minor)

Date