

# Private Practice of Marya Samuelson, M.Ed., LPCC

## Informed Consent

This document communicates to clients' receiving individual, couple or family therapy details of how my private practice operates. Also included are facts regarding the nature of participating in therapy.

### **Services**

I provide individual, couples and family therapy around a variety of issues. I see clients in my office at; 3137 Hennepin Avenue, Minneapolis or 7200 France Avenue, Edina. I can be contacted via telephone at **952-994-8114** and by email at [maryasamuelsontherapist@gmail.com](mailto:maryasamuelsontherapist@gmail.com). I try to respond to all inquiries within 24hrs.

### **Sessions and Fees**

My therapy sessions are 50 minutes in length. **If a client cannot keep a schedule appointment, I ask that they cancel within 24 hrs to avoid be charged for the session. Cancellations can be made by phone or email. I will charge the cost of one session for appointments that are not cancelled the day before an appointment.**

Our fees will be discussed prior to our first session. I do reserve some appointments for sliding fee clients. Prior to making an appointment, your fee will be determined and you will sign an agreement form during the first therapeutic session.

### **The process of Therapy**

When people begin therapy, they often have questions and anxieties about what the process will be like. Typically we will begin with general concerns that you would like to address in therapy. Some time will be spent getting to know more about you as a person and how the concerns you bring to therapy are related to your life history. We will develop a treatment plan that outlines specific goals. Periodically, we will review how therapy is going and document any desired changes in your treatment.

Therapy often ends when we decide jointly that the goals of therapy have been met. A planned termination is established which allows time to review progress, identify future goals and say good-bye. It is your right to end therapy at anytime and I encourage you to let me know if you are ending therapy if you are not satisfied with the care you are receiving. Also, I have an ethical responsibility to end care if I believe you are not benefiting from the process. If this is the case, I will make an effort to help you find more appropriate care.

It is important to know that psychotherapy has both potentials risks and benefits. Therapy involves talking about problematic areas of your life and you may experience uncomfortable feelings such as sadness, anger, guilt, etc. Therapy has been shown to have benefits such as finding solutions to specific problems, identifying patterns that lead to unhappiness, improving relationship satisfaction and reducing symptoms of anxiety

and depression. However there are no guarantees about what you might experience. Because of these risks and benefits, it's important to have an open dialogue with me about how you feel the therapy is proceeding.

### **Client Bill of Rights**

You have a right to:

1. Be treated with respect, dignity and consideration.
2. An assessment of the nature of your concerns and reasonable expectations about the outcome of therapy.
3. Request a referral to another therapist and/or other appropriate services.
4. Obtain referrals to other appropriate services.
5. Be free from exploitation for the benefit or advantage of your therapist.
6. Examine public records maintained by the Minnesota Board of Behavioral Health and Therapy, the organization through which I am licensed.
7. Obtain a copy of the rules of conduct from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, St. Paul, MN 55115.

### **Client Records and Confidentiality**

Please refer to the Notice of Privacy Practices I provide and require all clients to sign prior to working with them. This document outlines my privacy and confidentiality policy.

### **Minors**

If you are under the age of 18, Minnesota law requires written parental permission to see you and the law allows your parents the right to review your records. You parent(s) will be given this information and asked to allow a level of confidentiality between us.

### **Emergency and Outside of Appointment Resources**

I am not available for drop in services. If a crisis situation should arise, please contact one of the resources below, go to an emergency room or call 911.

- Acute Psychiatric Services 612-873-3161 (Available 24 X 7)
- Walk-In Counseling Center 612-870-0565
- Crisis Connection 612-379-6363 (Available 24 X 7)

### **Questions and/or Complaints**

As a licensed therapist in Minnesota, I am ethically bound to good practices as outlined by the Board of Behavioral Health and Therapy. You may direct any questions or complaints to my licensing board

The Minnesota Board of Behavioral Health and Therapy  
2829 University Avenue S.E., Suite 210  
Minneapolis, MN 55414  
612-217-2178  
[bbht.board@state.mn.us](mailto:bbht.board@state.mn.us).

My signature below indicates that I have read and understand the information in this document. I agree to abide by its terms while receiving services from Marya Samuelson, M.Ed..LPCC. I was given a copy of this document.

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Signature of client

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Printed name of client Date

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Marya Samuelson, M.Ed., LPCC Date form given to client