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Psychotherapy Services & Policies: Rights and Responsibilities of Client and Therapist

This document contains important information about my professional services and business policies. It also explains your rights and responsibilities as a client and my responsibilities to you as your therapist.

It contains summary information about the *Health Insurance Portability and Accountability Act* (HIPAA) (see www.HIPPA.com), a federal law that provides patient privacy protections and rights regarding the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

My *Client Informed Consent Form to Receive Psychotherapy*, which I will ask you to sign before we can start therapy, confirms that you have received and reviewed this document and been given ample opportunity to discuss it and ask any questions. That form represents an agreement between us about how your psychotherapy is conducted. Although this document is long, it is very important that you understand these policies. We can discuss any questions you have when you sign the forms or at any time in the future.

My Responsibilities to You as Your Therapist

Confidentiality

I will make every effort to keep your personal information private. With the exception of certain specific exceptions (explained below), you have the absolute right to the confidentiality of your therapy.

- (1) **Your records and information:** You have a right to privacy. This means I do not acknowledge to anyone that you are or are not my client and I do not discuss you or your therapy issues with anyone. (You are not bound by any confidentiality about your sessions – your therapy, you being a client of mine, or anything I say or do.) Under the provisions of the *Health Care Information Act*, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. (See HIPPA.com for more information.)
- (2) **Exceptions to your confidentiality:** I may share Information about you with others only under the following circumstances:
 - You sign a release of information form for a specific reason and you specify exactly what information you want to be released and to whom.
 - In an effort to save your life or someone else's life.
 - If you are pregnant, I must report prenatal exposure to controlled substances.
 - If I have knowledge that a therapist abused a client, I am required to report it to the appropriate regulating board.
 - If a court order or subpoena requires a release of your information.

Confidentiality and Group Therapy

The nature of group counseling makes it difficult to maintain confidentiality. If you choose to participate in group therapy, be aware that the group therapist(s) cannot guarantee that other group members will maintain your confidentiality. However, as your counselor(s) I will make every effort to maintain your confidentiality by reminding group members of the importance of maintaining the confidentiality of other group members and what they discuss. The group counselor(s) also has the right to remove any group member from the group should I (we) discover that a group member has violated the

confidentiality rule.

Confidentiality and Joint Therapy

The next paragraph is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in joint therapy with me: relationship counseling, uncoupling counseling or resolution counseling.

If you and the other person(s) decide to have some individual sessions as part of your relationship counseling, uncoupling counseling or resolution counseling, what you say in those individual sessions will be considered to be a part of the joint therapy, and can and likely will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner/the other party. I will remind you of this policy before beginning such individual sessions.

Record-keeping

I use a HIPPA protected method of tracking client records: *SimplePractice*. I keep very brief records, noting only that you have been here, what interventions happened in session, the general topics we discussed and your payments. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record.

Protective Methods I Follow to Ensure Your Confidentiality

You are protected under the provisions of the *Federal Health Insurance Portability and Accountability Act (HIPAA)*. This law insures the confidentiality of all electronic transmission of information about you.

My confidentiality procedures actually exceed those required by HIPPA. I have added these extra safeguards: *Hushmail*, *SimplePractice* and *Doxy.me*.

I provide these safeguards above and beyond those required of my by HIPPA.

- (1) I use *SimplePractice*, a HIPPA compliant method for tracking therapy notes and financial records. *SimplePractice* uses "multiple layers of encryption."
- (2) I offer clients the option of *Hushmail* when communicating via email. *Hushmail* is a HIPPA compliant web-based email service designed "to ensure the security, privacy and authenticity" of emails.
- (3) I offer *Doxy.me* for my visual telecommunications services. *Doxy.me* complies with both HIPPA and HITECH requirements. *Doxy.me* provides "...top-of-the-line security and encryption protocols to assure that data and privacy is maintained."

Hushmail and *Doxy.me* both involve extra safety precaution steps by both the client and the therapist before each exchange or online session. I will further explain these to you if you want to use either of them.

Some of the ways that I keep your account and data secure:

- My phone and voicemail are each password protected.
- I offer HIPPA compliant *Hushmail* as a virtual assistant for email.
- I use HIPPA compliant *SimplePractice* for record keeping.
- I offer HIPPA compliant *Doxy.me* for visual communications.
- I keep my computer and browsers current with the latest software and security updates.
- I have installed updated anti-virus software.
- I use personal firewalls to protect my computer and network.
- My home and office computer network is password protected.
- I do not use automatic login on my SimplePractice.com account.
- I do change my passwords periodically and avoid using passwords that I use for other accounts.
- I do not share my login credentials with anyone.
- I always make sure I am logged out of my accounts when I am finished.

If you elect to communicate with me by any regular electronic means (i.e., email, text, Skype, FaceTime, etc.) please be aware that none of these are completely confidential. Know that any emails I receive from you, and any responses that I send to you, are part of your therapy record.

I will ask you to give your expressed written authorization for the use of electronic transmissions. For more information see my *Electronic Technology & Social Media Policy* and *Informed Consent Form*.

Electronic Payment Communications Disclosure

If you wish, you may pay fees electronically by using any of the following services: PayPal, Square Cash, bank check. Because of my duty to uphold your confidentiality, I want to make sure that your use of the above payment services is done as securely and privately as possible. Please be aware that after using any of the above services to pay your fees,

that service may send receipts for payment by email or text message. These receipts will include my business name, and would indicate that you have paid for a therapy session. It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt.

So before using one of the above services to pay for your session(s), please think about these questions:

- At which email address or phone numbers have you received these kinds of receipts before?
- Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts? Would there be any danger to you if such a person discovered them?

Maintaining Professional Boundaries Outside of Therapy

(1) Social Media: I do not engage with my current or former clients in any form of social media, including, but not limited to, Facebook, Twitter and LinkedIn. For more information see my *Electronic Technology & Social Media Policy & Informed Consent Form*.

(2) Running into each other outside of the therapy setting: My clients' privacy and confidentiality is very important to me, as is my own privacy. I am very serious about maintaining clear and distinct client-therapist boundaries. It sometimes happens that a client and I may run into each other in the community (i.e., at an event, at a conference, a workshop I am leading, at a restaurant, etc.). In these situations, I do maintain professional boundaries. My policy is this: for my own privacy and, more importantly, for your privacy and for your therapy, I do not socialize with my clients. If I see you, I will not acknowledge you, other than perhaps to smile. You may choose to acknowledge me with a "hello," a nod or smile, or if fitting, a short greeting. I will not, unless there are unusual extenuating circumstances, inform anyone I am with that you are my client, and I will not introduce them to you. I prefer to keep my distance from clients (i.e., if possible, not sit in close proximity, not participate in joint conversations). If a client has seen me somewhere or we have run into each other, I do request that the client bring this up at the beginning of the next session. It is sometimes awkward for clients to see their therapist "out in the real world" or to be seen by them, or it may bring up questions or issues for them. Therefore, I appreciate us taking a couple minutes to check-in about it and acknowledge our contact out of session.

(3) Clients who may know each other: There are times when friends or acquaintances may know each other as clients of mine and I do not know; or times when I may know because I have been told in a session by one or both of them, or a past or current client referred an acquaintance who told me, etc. I *do not acknowledge to a client if I do or do not know someone* who they know to also be a current or past client of mine. It is up to the client(s) to decide if they want me to know that they know someone who is/was a client of mine. There may be rare circumstances when it is realistic and logistically easier for clients who know each other to sign a *Release of Information Form*, which gives me permission to acknowledge to the other, if pertinent, that I know each of them. If I do happen to know clients who know each other, I will make every effort to not schedule their sessions within the same time frame. You may also request this, as well.

Professional Consultation

I do participate in professional consultation groups and share only information there to the extent necessary for me to provide quality services to my clients. None of us shares specific personal identifying information. If a client is known by one of us, that therapist leaves the room while that client's therapy issues are being discussed.

Therapeutic Touch

For issues related to professional and ethical boundaries I typically do not touch or hug clients. There may be situations where a handshake may seem appropriate or it may be therapeutically healthy and helpful for a client to ask for a hug or a pat on the shoulder. I will only consider engaging in such therapeutic touch upon the expressed and explicit request or consent of the client. Some clients may desire to give or receive a hug at the beginning or end of their sessions. I ask clients to explicitly request such a hug each time. I invite clients to discuss any questions, issues or requests that they may have about therapeutic touch.

Your Rights & Client Responsibilities as a Client

Client Rights

- You have the right to considerate and respectful therapeutic care.
- You have a right to every respect and consideration of your privacy and individuality.
- You have a right to discuss your therapy plan and goals, pacing, estimated length of therapy, and the possible costs and benefits.

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- You have the right to be referred to other services or professionals and to ask me to coordinate adjunct care with another provider (i.e., body worker, medical professional, therapist).
- You have a right to question, modify and disregard any therapeutic suggestions that I may make for you.
- You have a right to reasonable responses to your requests.
- You have a right to terminate your therapy at any time.

Client Responsibilities

- To participate as honestly and openly in the therapy process as you can.
- To identify your therapy goals, participate in therapy planning and to follow the therapy plan.
- To discuss how the therapy is affecting you, your life, and your relationships.
- To keep me updated on any changes in your residence, telephone number, finances, mental and physical health, and information related to other medical and mental health providers.
- To make and keep your therapy appointments and to cancel appointments with reasonable notice.
- To pay your fee each session.
- To ask questions when you don't understand or agree with something and to discuss any concerns, needs or conflicts that may arise. It is most helpful to your therapy, and my work with you, if you inform me of what is and is not working for you and we can then review and modify as needed.
- To conclude your therapy in a way that helps you realize and honor the positive changes that you have made and still want to make, as well as acknowledge our therapeutic time together.

You are responsible for coming to your sessions on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than 48 business hours notice, you must pay for that session at our next regularly scheduled meeting. If you no-show for two sessions in a row and do not respond to my attempts to reschedule, I will assume that you have dropped out of therapy and will make the space available to another individual. See *Appointment cancellation policy*.

Risks and Benefits of Counseling

Counseling is an intensely personal process, which can bring forward unpleasant memories or emotions. Therapy does have potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and may sometimes impact how you feel or act in your relationships. In addition, counseling requires a very active effort on your part. In order to be most successful, you will have to work on new strategies and do homework outside of sessions. There are no guarantees that counseling will work for you. Progress may happen slowly.

It is important that you carefully consider whether these risks and efforts are worth the benefits. Most people who take these risks receive many benefits to counseling. Among other benefits, counseling can help you develop coping skills, process and resolve painful issues, make behavioral changes, improve the quality of your life, learn to manage anger, depression or anxiety, and learn to live in the present with more confidence and acceptance.

Where and How

I meet with clients in my office, which is located in *The Well: Healing Arts Center*, Suite 203, 2100 First Avenue South, Minneapolis, MN 55404. There may be unique situations when I will meet elsewhere with a client who, for medical or other reasons, is unable to come to my office. I also offer telepsychology sessions (phone or online visual telecommunication appointments). See *Distance Counseling, Technology and Informed Consent Form*

Email and Therapy

I do not "do therapy" over email. You are welcome to send me an email (irene@irenegreene.com) now and again to check in or update me about something in particular. If you have a specific request, I will write you back a short response. I do not, though, recommend email as a way to connect or share information. I prefer that you do this directly, in person, in a session. We will discuss any email contact at your next appointment. Please note electronic devices are not a guaranteed method in which to share confidential information.

Fees for Appointments and Contact Outside of Sessions

I offer a free 20-minute phone consultation. Fees for individual or relationship counseling for the first 50-minute intake appointment and subsequent 50-minute therapy sessions are currently \$160.00 each. Longer sessions are pro-rated to that fee. Emergency phone calls of less than ten minutes are free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if I spend more than 10 minutes

reading and responding to emails from you during a given week I will bill you on a prorated basis for that time. In some situations, there may be fees for other rendered services, (i.e., copies of case records, reports, etc.). I inform clients of these fees before services are rendered. My fees go up \$5.00 every year on the first day of the New Year. If a fee raise is approaching I will remind you of this at least a month in advance. All fees are your responsibility. Before or during your first appointment, you will be asked to sign a *Financial Agreement Form*.

Sliding Fee

If a client is in a difficult financial situation, I am open to adjusting their therapy rate. Because of my values and my own personal experiences, I am especially committed to making my services financially accessible to people in marginalized communities who might otherwise not be able to afford or feel comfortable in mainstream clinical settings. I do keep some slots available in my caseload for such reduced rates. I trust that people who request a reduced rate do so in “good faith;” And in so doing, that they reasonably consider their personal financial situation in combination with the facts that therapy is an investment and that I provide a high quality, experienced, reputable, and respected service. I hope that a negotiated rate results in a win-win feel for both parties.

Method of Payment

I prefer to be paid by check or cash and at each appointment. With pre-arrangement you may pay using bank checks sent directly to me from your bank or by debit or credit card using the *Square CASH* app or PayPal. I do not barter for psychotherapy services. Any overdue bills will be charged 1.5% per month interest. If you refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency.

Flexible Spending Account and Insurance

Some people have a Flexible Spending Account (FSA, a medical expense pre-tax program), at their place of employment. I am happy to complete any necessary forms to assist you with your use of this account or to provide you with receipts for your records. I do not take insurance, except in the therapy groups I co-facilitate. My services are not reimbursable by insurance companies because I am not (nor have I wanted to or needed to be) a “licensed psychologist.” See the *MN Mental Health Client Bill of Rights* and unlicensed mental health professionals and psychotherapists.

Length and Frequency of Individual or Relationship Therapy Sessions

I offer 50-minute individual sessions and I usually recommend a 75 or 90-minute session for relationship counseling. I typically see most people either weekly or bi-weekly. The issues that a client, or a relationship, is addressing often influence the length and frequency of sessions. Longer sessions or more frequent sessions may be warranted if a client is doing heavy trauma, dissociative work, or dealing with a particularly difficult issue. I will make recommendations for the length and timing of sessions; it is ultimately the client’s decision.

Non-Crisis Contact Between Sessions

My confidential work phone number is 612.874.6442. I am typically not immediately available by telephone. I do not answer my phone when I am with clients. Please note that I return voice or email messages generally between 9am - 5pm and within 24 business hours. Messages are not regularly checked or returned on weekday evenings, weekends or holidays. There may be times when you want to leave me a check-in message, schedule, clarify or move an appointment or have a question or comment that can’t wait until your next therapy session. You may leave a voicemail message or send an email. If you would like me to return your call, please clearly state this and be specific about what you need from me. I will call you back within 24 business hours. (Please note that email is not a guaranteed confidential method in which to share information.) I do not “do therapy” over the phone unless it is deemed an emotional emergency or is prearranged for a special reason. I do not “do therapy” over email. My voicemail message will tell you if I am out of the office for an extended period of time and when I will return.

Emotional Support Between Your Appointments

- (1) Phone messages and call back requests:** At anytime you may leave me a check-in message. If you want me to call you back, please clearly state this and be specific about what you would like to hear back from me, for example: for me to leave you a supportive voice mail message, to schedule a time to chat on the phone, to schedule an extra appointment. I check my voice mail messages Monday through Friday during regular business hours and I return calls during those times.
- (2) Extra appointment requests:** If you are in a difficult emotional situation between your regularly scheduled appointments and you want to schedule an extra in-person or phone appointment please contact me and I will do my best to fit you in as soon as possible.

- (3) **Your Self-Care Plan Worksheet:** As part of your therapy with me you have the option to develop a personal "Self-Care Plan". I suggest that early on in your therapy you complete this worksheet and discuss it with me. You will then have it available if you are having emotionally challenging times.

After Business Hours Emotional Crisis Help

My private practice does not include after business hours, holiday or weekend emotional crisis care services. If you are faced with an emotional crisis, or life threatening emergency, call 911 or go to your nearest emergency room. If you are dealing with an urgent, but not life threatening situation, contact the Crisis Connection at 612.379.6363. See my website for additional crisis numbers: www.irenegreene.com. If you do seek crisis services, please let me know via a phone message. I will contact you back as soon as possible.

Appointment Cancellation Policy

I do prefer advance notice of appointment cancellation. If you are unable to keep your appointment, I request that you notify me at least 48 business hours in advance of your appointment. If the appointment is a "no show," the full fee will be charged. One-half of the fee is due for a cancellation that is made less than 48 business hours of the appointment. I request that payment be made or arranged prior to, or at your next appointment. If you need to cancel an appointment with less than 48 business hours notice, and are able to reschedule it within that same Monday-Friday week, (meaning I have an opening that matches your availability), you will not be charged a late cancel fee. I do not charge for appointments missed due to an emergency of either you or an immediate family member.

When My Office Is Closed

I do periodically take time off for vacations, retreats, and to provide and receive trainings, and to attend conferences. A few times a year, I may take a consecutive week or more. I will give clients reasonable notice of these times and, if requested, I will make arrangements for back-up therapist coverage. My confidential voice mail will state any extended times when I will be gone and will return. In the (rare) event that I need to cancel a therapy appointment, I will contact you as soon as possible.

Ending Therapy

You normally will be the one who decides therapy will end. If you are feeling ready to end therapy because you believe that you have reached your therapy goals I ask that you let me know a few weeks in advance of your last session so that we may mark the occasion by reviewing your accomplishments and saying an intentional good-bye. If you want to leave therapy because you feel it is not working, please let me know so that we can see if there is anything that we or I can do to improve your therapy experience. If not, I am happy to offer you referrals.

I will initiate the termination of your therapy under the following three circumstances: (1) If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgment not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. (2) If you do not pay your bill. I will make every reasonable effort to work with you to arrange a payment plan. If you are unwilling to make reasonable payment arrangements or follow through with them I will terminate therapy. I will offer you referrals. (3) If you do violence to, threaten, verbally or physically, or harass myself, anyone in my building, or any of my colleagues or my family or intentionally harm any of my, the buildings' or its occupants' belongings, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

Complaints

If you are unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Office of Mental Health Practice. You are free to discuss your complaints about me with anyone you wish.

Legal: Client Bill Of Rights And Confidentiality

MN Mental Health Client Bill Of Right.

604.20 DEFINITIONS.

Subd. 5. Psychotherapist.

"Psychotherapist" means a physician, psychologist, nurse, chemical dependency counselor, social worker, member of the clergy, marriage and family therapist, mental health service provider, licensed professional counselor, or other person, whether or not licensed by the state, who performs or purports to perform psychotherapy.

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Subd. 6. Psychotherapy.

"Psychotherapy" means the professional treatment, assessment, or counseling of a mental or emotional illness, symptom, or condition.
148B.71, MN Statutes: Mental Health Client Bill Of Rights

Subdivision 1. Scope.

Under Minnesota state law health providers are obligated to supply their clients and patients with a bill of rights. Following are the rights that I am legally obligated to provide to you.

Client Bill of Rights as defined by 148B.71.

(1) the name, title, business address, and telephone number of the practitioner;
(2) the degrees, training, experience, or other qualifications of the practitioner regarding the complimentary and alternative health care being provided, followed by the following statement in bold print:

"The state of Minnesota has not adopted uniform educational training standards for unlicensed mental health service providers. This statement of credentials is for information purposes only."

(3) the name, business address, and telephone number of the practitioner's supervisor, if any;

(4) notice that a client has the right to file a complaint with the practitioner's supervisor, if any, and the procedure for filing complaints;

(5) the name, address, and telephone number of the Office of Mental Health Practice and notice that a client may file complaints with the office;

(6) the practitioner's fees per unit of service, the practitioner's method of billing for such fees, the names of any insurance companies that have agreed to reimburse the practitioner, or health maintenance organizations with whom the practitioner contracts to provide service, whether the practitioner accepts Medicare, medical assistance, or general assistance medical care, and whether the practitioner is willing to accept partial payment, or to waive payment, and in what circumstances;

(7) a statement that the client has a right to reasonable notice of changes in services or charges;

(8) a brief summary, in plain language, of the theoretical approach used by the practitioner in providing services to clients;

(9) notice that the client has a right to complete and current information concerning the practitioner's assessment and recommended course of treatment, including the expected duration of treatment;

(10) a statement that clients may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner;

(11) a statement that client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law;

(12) a statement of the client's right to be allowed access to records and written information from records in accordance with sections 144.335;

(13) a statement that other services may be available in the community, including where information concerning services is available;

(14) a statement that the client has the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs;

(15) a statement that the client has a right to coordinated transfer when there will be a change in the provider of services;

(16) a statement that the client may refuse services or treatment, unless otherwise provided by law; and

(17) a statement that the client may assert the client's rights without retaliation.

Subd. 2. Acknowledgment by client.

Prior to the provision of any service, the client must sign a written statement attesting that the client has received the client bill of rights.

Confidentiality Policies as Defined by HIPAA

HIPPA is an acronym that stands for the [Health Insurance Portability and Accountability Act](#), a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. Developed by the [Department of Health and Human Services](#), these standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country. State laws providing additional protections to consumers are not affected by this new rule. www.HIPPA.com

Confidentiality Policies as Defined by HITECH Act

The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. Subtitle D of the HITECH Act addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules. www.HHS.gov

My Approach to Therapy

I work with adults in individual and group counseling, and relationship or uncoupling counseling. I use a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal-keeping, drawing, and reading books. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider to check on physical ailments or symptoms that you may be having or regarding somatic treatments that could possibly help your problems. I refer both to traditional and non-traditional (homeopathic and Oriental medicine) practitioners, and will be glad to discuss with you the pros and cons of various alternatives. I may suggest that you get

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involved in a therapy or support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. I do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the power I have as a therapist.

My Work Experience, Education, Training and Professional Organizations

Services

I am a full-time psychotherapist in private practice, and have been either part-time or full-time since 1994. I specialize in trauma recovery, family of origin issues, conflict resolution, sexual and gender identity, healthy sexuality, depression and anxiety. As part of my private practice I provide individual, relationship, uncoupling and resolution therapy and group counseling to adults. I present workshops and trainings to mental health, medical, educational professionals and graduate students on these topics each year. I am a trained mediator and utilize this training and experience to help resolve personal, relationship and professional disagreements. I also provide case consultation and training to other mental health professionals on trauma and dissociation.

Education and Training

I received, with highest honors, in 1985, my *Master's of Science in Education Degree with a Concentration in Guidance and Counseling: Community Counseling & Counseling Women* from the University of Wisconsin-Superior's Guidance and Counseling Program of the Educational Leadership Department, Clinical Mental Health Counseling Track. I have extra training in family mediation, integrating mindfulness meditation practices with psychotherapy, complex trauma and dissociation and compassion fatigue for professionals.

My Work Experience

Director, Sexual Violence Program, University Counseling Services, University of MN-Twin Cities; Grants Analyst, MN Department of Corrections Sexual Assault and Battered Women Programs; Counseling staff member, St. Catherine University, St. Paul MN; Crime Victim Specialist, Douglas County Prosecutor's Office, Superior WI and Coordinator of the Counseling and Women's Center, University of WI-Superior

Memberships

- *American Counseling Association*
- *Association for Humanistic Counseling*
- *International Association of Trauma Professionals*
- *MN LGBT Therapists Network*
- *MN Women in Psychology*
- *National Alliance on Mental Illness*
- *National Coalition for Sexual Freedom*
- *North Star Health Collective*
- *Psychologists for Social Responsibility*
- *Quorum MN*
- *Rape, Abuse and Incest National Network*
- *TC Kink Aware Therapists*

Volunteerism

For the past several years I have been the Coordinator of the MN LGBT Therapist Network Steering Committee (the professional organization in Minnesota for LGBT mental health workers), have served on the boards of MN Women in Psychology, Rainbow Families (now Family Equity Council), Seward Child Care Collective, and was the state chair of the Minnesota Coalition of Sexual Assault Services. In 2008 I was a co-organizer and trainer for the *North Star Health Collective's* psychological and physical health emergency care site for protesters and street medics during the Republican National Convention in St. Paul. In 2010, I was the Co-Chair of the first Midwest LGBT Mental Health Conference, which was held at the UM-Twin Cities. I was the Twin Cities organizer of the international anti-violence against women and girls One Billion Rising flash mob event held in downtown Minneapolis in February 2013.

Policy Changes and Updates

These policies are subject to change. I will inform clients in writing when any changes have occurred.