

**Stacy Rankin Greco, MSW, LICSW
Psychotherapist**

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Secure contact information can be found on website.
Please refer to my Communications Policy for best contact methods.

OUTPATIENT SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies, your rights, as well as our mutual responsibilities and obligations. Please read it carefully and discuss any questions you may have with me. When you sign this document, it will represent an agreement between us.

Professional Services:

- **Psychotherapy:** I am committed to providing professional psychotherapeutic services to individuals, couples, families and groups. I have met the requirements and training for a Licensed Independent Clinical Social Worker and will continue to maintain these requirements.

Psychotherapy can have benefits and risks. Since psychotherapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who participate in it. Psychotherapy often leads to increased self-awareness, improved relationships, solutions to specific problems and significant reductions in feelings of distress, but there are no guarantees of what you will experience personally.

When we first meet, I will conduct an evaluation of your situation and needs that will last from 1 to 3 sessions. By the end of the evaluation, I will be able to provide you with assessment feedback and offer you some first impressions of what our work will include should we decide to work together. You should evaluate this information along with your opinion of whether you feel comfortable working with me. Psychotherapy involves a large commitment of time, money and energy, so you should be very selective in whom you choose for your therapist. During this time, I will also decide if I am the best person to provide the services you need. If I cannot provide the needed service, I will consult with specialists and/or refer you to other resources. If we decide to continue, we will create a treatment plan that will include the goals you will hope to achieve through

the process of psychotherapy. Generally, a psychotherapy appointment session lasts approximately 50 minutes.

- **Contacting Me:**

- Please see the additional Communications Policy for specific details on how to most effectively contact me, on the various secure communication tools I use and on details regarding what you can expect from me for response time.

- **Emergencies:**

- If you are ever experiencing an emergency, including a mental health crisis, it is best for you to call 911, the Behavior Emergency Center at 612-273-5640, Crisis Connection at 612-379-6363, your psychiatry provider or your primary care provider, or you can go to your nearest hospital emergency center.
- Be aware that I do not offer 24-hour crisis coverage, given the nature of my work schedule and the fact I often can't be reached immediately or respond immediately. However, if you need to inform me about an emergency, the best method is to both leave me a voicemail and send an email. Please do not text me for emergency purposes.

Business Policies:

- **Professional Fees:** Following are the most commonly billed services:
 - Initial Intake Session/Diagnostic Interview (50-55 minutes) - \$250.00. More than one diagnostic session may be needed; in which case, each session is billed at this rate. For couple's therapy, 2-3 intake sessions are required.
 - Individual Return Sessions (50-55 minutes) - \$200.00
 - Family/Couple Therapy Sessions (50-55 minutes) - \$220. I occasionally offer 1.5 (75/80 minute) Family/Couple Therapy Return Sessions and the fee for this is \$330.
 - Outside of appointments, additional fees are charged for other professional services you may need. This fee is based on the Individual Return Session fee rate of \$200 for 50 minutes, though I will break down the cost if I work for periods of less than 50 minutes. Other professional services may include report-writing, telephone conversations lasting longer than 5 minutes, attendance at meetings, phone conversations or preparation/sending of written documents with/to other professionals you have authorized, preparation of records or treatment summaries, copying and sending of records, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to

pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge my fee for preparation and attendance of any legal proceeding. I also charge for transportation costs. Some or all of the above services may not be covered by your insurance and will be billed at my rate as specified above.

You will be expected to pay for each session in full at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. Payment can be made by cash, check or credit card and a receipt will be given.

- **Health Insurance Reimbursement:** I am an “Out-of-Network Provider” for all health insurance companies. If you wish, I will provide you with the necessary provider information that will help you when you seek insurance reimbursement on your own. It is your responsibility to be familiar with the terms of your policy and you are fully responsible for seeking your own reimbursement.
- **Cancellation/Missed Appointment Policy:** Once an appointment hour is scheduled, **you will be expected to pay for it unless you provide 24 HOURS ADVANCE NOTICE of CANCELLATION EXCEPT for Mondays or the day after a holiday when notice must be provided a minimum of 24 BUSINESS HOURS in advance.** You will be charged my **full fee of \$200.00** for appointments cancelled with less than 24 hours advance notice (Late Cancel), for appointments on Mondays or the day after a holiday cancelled with less than 24 business hours advance notice (Late Cancel) or for appointments that you did not show up for (No-Show). Insurance will not pay for Late Cancels or No-Shows. If you feel that your need to cancel has extenuating circumstances, feel free to discuss the matter with me. In case of a mistake in scheduling, I will make an effort to determine if I was responsible for the mistake. In ambiguous situations, the office policy will be to bill on the basis of what is scheduled in the office appointment book. You will need to provide a credit card to be kept on file, which will be charged at the time of the Late Cancel or No-Show. If for some reason that credit card on file is not up-to-date or has expired, you will be expected to pay the charge before or at the time of your next appointment and provide updated credit card information in order to maintain future appointments with me.
- **Service/Finance Charges:** There is a \$30.00 service charge for returned checks. Past due accounts may be reported to a collection agency.

Client Rights:

- **Privacy Practices:** Please see the additional Notice of Privacy Practices form for detailed information about how your privacy is maintained.
- **Grievance Procedure:** If you are dissatisfied with the services you receive, I encourage you to discuss your concerns with me. If you do not feel comfortable sharing your concerns with me or if you are not satisfied with the result, please contact the Minnesota Board of Social Work by mail at 2829 University Avenue SE, Suite 340, Minneapolis, MN 55414 or phone (612-617-2100).

Client Responsibilities:

- Psychotherapy calls for an active effort on your part. In order for the therapy to be successful, you will need to work on the things we talk about both during our sessions and outside of them.
- You are responsible for giving accurate and complete information that will enable me to assess your situation and problem.
- You are responsible for honoring your financial agreement with me and paying your fees at the beginning of your sessions.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

I will provide you with a copy of this form if you wish.

Client Signature

Date