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Psychoanalysis Consultation  
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### **Summary of Professional Services and Business Policies**

**Hours:** I schedule all appointments in advance. Each session is scheduled for 45 or 55 minutes.

**Cancellations:** If you are unable to keep your appointment, you need to cancel at least 72 business hours in advance of the appointment time in order to avoid being responsible for the full fee. Please note: "Business Hours" do not include Saturday or Sunday and Insurance companies do not pay for missed sessions.

**Telephone Voice mail:** Confidential messages can be left on my voice mail at **651.647.3492**. I am the only one that has access to this voice mail and I check it frequently throughout the day, Monday through Friday. Messages left on Friday after 12:00p will be returned the following Monday.

**Emergency:** If you are calling and your situation is urgent, please let me know that in your message and I will make every effort to contact you promptly. If you are unable to wait, you can call Hennepin County Acute Psychiatric Services at: **612.873.3161** or **911**.

**Fees:** We will discuss your fee prior to your first appointment. I ask that you pay in full at the time of each appointment unless you are using BCBS insurance *or* we have made other arrangements. Please talk with me about any questions or concerns that you may have about fees at any time. In addition to my hourly fee for Psychotherapy, I charge for professional services such as report writing, telephone conversations lasting longer than ten minutes, consultations with other professionals that you have given permission for, preparation of records and treatment summaries.

**Insurance:** It is your responsibility to check with your insurance provider regarding possible coverage of my services. With the exception of Blue Cross and Blue Shield, with whom I am a contracted provider, you will be responsible to submit information regarding our session to your insurance company for reimbursement. I will provide you with a statement at the time of each session that will contain all of the information that you need from me. If you need any help understanding and/or navigating the Insurance, just let me know... I can help.

**Privacy and Confidentiality:** Confidentiality of information and records is strictly maintained. Except in the situations described below, no one other than you can obtain access to anything in your file without a release of information signed by you. The release of information form authorizes me to send information to a specific person or agency and is not a general release. I am also providing you with material identified as the **Notice of Privacy Practices** to review, in accordance with new laws implemented on April 14, 2003.

#### **EXCEPTIONS:**

A. If your charges are being reimbursed by a third party and you or your insurance carrier

submit an insurance form for my completion, you will be granting me authorization to provide that carrier with information about dates of service, charges and diagnosis.

B. I am required by Minnesota law to report instances of abuse and neglect of children and vulnerable adults, and to warn of the risk of imminent serious harm by the patient to self or another person.

C. When a patient is under 18 years of age ( a minor) the privilege of confidentiality is held by her/his parent(s)/legal guardian, and information shared during a therapy session with the minor may be shared with the parent(s)/legal guardian. Exceptions to this are those cases in which a minor is emancipated. However, even in the

case of an emancipated minor information may be shared with her/his parents(s)/legal guardian when not to do so might endanger the health of the minor.

**D.** In the event of a personal emergency in which I am unable to contact you myself, one of my colleagues, Joan Wernick and Jim D'Aurora will be given access to your first name, last initial and phone number(s) so that they can call you.

**Social Media Websites:** In the interest of preserving our therapeutic relationship and your privacy, I do not generate or accept requests for connection on any social media network, such as Facebook , Twitter, LinkedIn, etc.

**Text Messages:** In the interest of preserving your privacy I do not use text messaging as a means of contacting my patients, or as a means of being contacted by my patients.

**Email messaging:** Email messaging can be useful as a second best option to phone calls for scheduling or billing concerns only. Email is not completely secure or confidential and for that reason I do not engage in discussing anything about our work together with the above exceptions via email.

**Please let me know if you have any questions or concerns about my social media and electronic messaging policies.**

**Consultation:** To ensure quality of my clinical services I participate regularly in consultation with colleagues. All rules of Privacy and Confidentiality apply in these discussions and patient anonymity is preserved.

**Informed Consent:**

**A.** You have a right to a complete description of your diagnosis, recommendations for assessment and treatment and the potential benefits as well as the limitations associated with treatment.

**B.** You have the right to refuse treatment. If you have questions or concerns about your treatment or disagree with any recommendations made, please let me know so that we can try to resolve the issue.

**C.** You have the right to review your records and the right to review your file upon request. Given the sensitive nature of your records, I recommend that we review these together so that you have the opportunity to ask questions and express concerns immediately and directly.

**Complaints and Grievances:** If for any reason you are not satisfied with the services you are receiving from me, please let me know so that we can talk this over. I will make every effort to work with you to address any situation that led to your concern. If my explanation or handling of your concern is not satisfactory to you, you may write to the Minnesota Board of Psychology, 2829 University Avenue SE

#320, Minneapolis, MN 55414-3237 which is the organization that regulates the practice of Psychology in this state. You may also contact the Board of Marriage and Family Therapy, 2829 University Avenue SE #330, Minneapolis, MN 55414-3237 which is the organization that regulates the practice of Marriage and Family Therapy in Minnesota. I am licensed by both entities.

**Credentials:** I am licensed by the State of Minnesota as a Psychologist and as a Marriage and Family Therapist. I received my Bachelor of Arts degree from the University of Minnesota and my Masters of Counseling Psychology from the University of St. Thomas. I completed a 4 year program in Contemporary Psychoanalysis in June of 2016 at the National Institute for the Psychotherapies in New York City.

My areas of competence include individual, adolescent, adult therapy; couples therapy, family therapy, Psychoanalysis, parent consultation; adolescent and adult group therapy and consultation/supervision. I am a Minnesota board approved Marriage and Family Therapy Supervisor.

*My practice can be made available to persons with disabilities who might otherwise be prevented from accessing my office as a result of the building limitations. Please ask for more information if you are interested.*