



# Authentic Living

THE R A P Y S E R V I C E S

## Disclosure Statement & Policies

This agreement contains my policies and procedures, which are designed to promote a positive therapist-client relationship. It also contains information about your rights as a client. If you have any questions or would like more information, please ask.

### **My Education & Credentials: Sara Bidler, MS, LMFT, Advanced Level Somatic Experiencing Trainee**

I have a Master of Science Degree in Marriage and Family Therapy from the University of Wisconsin-Stout. I am recognized by the State of Minnesota as a Licensed Marriage and Family Therapist. My license number is 1714 and I received my license in 2009. In addition, I am an Advanced-Level Somatic Experiencing Trainee.

### **My Philosophy & Approach**

I take a systems approach to understanding the lives of my clients. Every individual is part of and influenced by multiple systems, whether it be family, work, social, cultural, etc. Understanding and addressing unhealthy system dynamics is an important part of healing and wellness. I encourage my clients to do relational work, preferably with the other person(s) present at times.

I have training in Somatic Experiencing (SE) which is a powerful approach for addressing traumatic experiences that continue to impact one's life in direct or indirect ways and allows for healing at a deeper level than traditional talk therapy. I also use Somatic Experiencing to help clients learn how to settle and release physiological activation from the body. Very often this process helps people to reduce stress and return to a sense of regulation and mastery in their lives. SE will support you in learning how to attend to uncomfortable sensations in your body and gently unwind them through your conscious attention. Listening to and working with the sensations in the body can take some time to get used to, but it is a safe and effective way to address a number of psychological and physiological concerns. You can learn more about SE at [www.traumahealing.com](http://www.traumahealing.com).

I welcome clients of all races, ethnicities, gender affiliations, sexual orientations, socioeconomic statuses and religious beliefs. The client-therapist relationship is a crucial component of effective therapy. I will be supportive and also challenging at times. You are encouraged to discuss any concerns, complaints or questions you have with me. Working through frustrations and misunderstandings can be an important part of the therapy process. I am not the right therapist for everyone and if it doesn't seem like the right fit please let me know and I can provide referrals if requested.

### **Benefits and Risks**

SE may offer you many benefits such as an increase in your ability to self-soothe and feel empowered. However, there may also be risks as with any treatment that focuses on healing trauma. Although SE is designed to help you resource and work with manageable amounts of discomfort, you may experience challenging feelings, images or thoughts. Furthermore, as with any stress reduction treatment, there is no guarantee that you will reach your goals. That said, many people report that SE has helped them tremendously and has created positive change in their lives. Learning how to recognize "body memory" is often vital to learning how to relax and calm your nervous system.

**As a client of a Minnesota licensee, you have the following rights:**

- To expect that a therapist has met the minimal qualifications of education, training, and experience required by state law;
- To examine public records maintained by the Board of Marriage and Family Therapy that contain the credentials of a therapist;
- To report complaints to the Board of Marriage and Family Therapy;
- To be informed of the cost of professional services before receiving the services;
- To privacy as defined and limited by rule and law;
- To ask for an alternative referral at any time;
- To terminate therapy when you have reached your goals or believe therapy is no longer necessary;
- To refuse the suggested intervention or treatment strategy indicated by your therapy;
- To be part of determining jointly with your therapist how long and often you will receive therapy;
- To decide what to talk about and work on in and out of therapy (your active participation will have the greatest positive effect on the outcome of therapy);
- To be free from being the object of unlawful discrimination while receiving services;
- To have access to your records as provided in Minnesota Statutes, sections 144.291 to 144.298, except as otherwise provided by law or prior written agreement;
- And to be free from exploitation for the benefit or advantage of a therapist.

You may contact the MN Board of Marriage and Family Therapy at 612-617-2220 or [mft.board@state.mn.us](mailto:mft.board@state.mn.us). More information about my license can be found at [mn.gov/boards/marriage-and-family](http://mn.gov/boards/marriage-and-family).

**Phone Calls, Emails, Texting and Emergency Contacts**

Calls will generally be returned within 48 hours during regular working hours Monday-Friday unless I am out of town. I will generally tell you when I will be away from the office. If you have an immediate emergency, call your local emergency hotline or 911.

For phone calls over five minutes you will be charged \$5/minute. For some clients one check in voice message and response can be helpful or necessary at times. Please keep these messages to one message between visits and let me know if you want a call back or if we can wait to discuss the issue at our next session.

I will not accept texts as forms of communication other than for scheduling. One short email per week is permitted. We can discuss the contents of the email during our next session. I will not respond via email unless the email is regarding a scheduling question. If this level of contact in between sessions is not enough, we can discuss the possibility of bi-weekly sessions until you feel ready for once a week. These limits are important so that I can be fully available to you professionally and can have thoughtful, resonant, and meaningful interactions with you.

Please indicate whether or not you are okay with receiving session reminders and scheduling communication at your cell phone number via text: **YES NO** and/or voice messages: **YES NO**

Please indicate whether or not you are okay with receiving session reminders and scheduling communication via email: **YES NO**

**Record Keeping**

I will keep brief records of our sessions. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your

file. You have the right that I make a copy of your file available to any other health care provider at your written request. Please see my Privacy Policy for more information.

### **Touch**

Somatic Experiencing is not a form of massage. I may offer you touch support for the following reasons: grounding, containment, supportive, mobilization, or awareness building. You will always be asked before being touched and have the right and my full support to decline. If you do not feel comfortable with touch, or if the session does not call for it, session work will not include touch.

### **Limitations of Service**

I do not offer 24-hour care. If you need after-hours care, I will assist you in finding resources. If you have an emergency, you need to contact your local emergency room or call 911.

### **Ending Therapy**

You normally will be the one who decides when therapy services with me will end, with a few exceptions:

- If I am not, in my judgement, able to help you because of the kind of problem you have or because my training and skills are not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs.
- If you are violent or threatening toward myself, my office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment.
- If you miss 2 or more sessions without at least 24-hours notice, I reserve the right to terminate therapy with you.
- If I end therapy services with you, I will offer you referrals to other sources of care but cannot guarantee that they will accept you for therapy.

### **Fees**

Individual or Family Therapy: \$125 (50-minute session)

Sessions generally run 50 minutes. If you would like to book a longer session it will be pro-rated on the amount you pay.

I am an out-of-network insurance provider. Statements can be requested for reimbursement for out-of-network benefits.

Payment can be made by cash, check, credit card, Flexible Savings Account or Health Savings Account.

Payment must be provided by the beginning of each session or the client's card on file will be charged prior to or immediately following the session. Credit card, FSA, and HSA payments are made through PocketSuite with the card number on file. Receipts can be provided through PocketSuite via email or text. Statements can also be requested for reimbursement for out-of-network benefits.

Some clients may prefer to pay ahead or pay less frequently. I offer a **20% discount** on 4 or more 50-minute prepaid full price sessions by cash or personal check. A 16% discount is available for those using credit/debit cards. Fees are payable at the first of the scheduled discounted sessions and must be used within six months. No refunds will be given for any unused sessions.

I offer a sliding scale fee for a limited number of clients who are experiencing financial hardship via [Open Path](#). All services provided are fee-for-service. Any reimbursement sought through FSA, HSA or out-of-network benefits is the client's responsibility. It is the client's responsibility to verify that the therapist's services are reimbursable. Authentic Living, LLC will not be responsible for any refusals of reimbursement.

If you require my assistance during a legal proceeding or for legal issues my hourly fee is \$450/hour.

\_\_\_\_\_ **(Initials)** I agree to allow Authentic Living, LLC to store my credit card information online in a secure and HIPAA-compliant database to more conveniently bill for session fees and cancellation fees. You will be notified in person and/or via email/text when a charge is made to your card on file.

### **Cancellations**

If you need to cancel an appointment for any reason, it is necessary to do so 24 hours in advance via phone call (leave a voice message), text or email (763-458-2654 or sara@authenticlivingts.com). If a session is missed or canceled/rescheduled within 24 hours of the session, you will be charged a \$50 cancellation fee. Missed session fees cannot be charged to HSA or FSA accounts per their requirements. Clients will be personally responsible and charged for these fees via the credit card on file for the client. In case of inclement weather, a challenge with transportation, or any reason you are unable to reach my office for an in-person session, you can opt to attend the session via phone. Otherwise the session will be considered cancelled.

### **Children**

Children under 12 must be supervised outside the session room by an adult during sessions.

### **Cell Phones**

Please refrain from using cell phones during sessions. Please note that audio or video recording of sessions is not permitted.

### **Confirmation**

It is a great honor for me to work with you and share my knowledge of Somatic Experiencing. I hope to teach you skills that will help you reduce stress in your life. It takes strength and courage to explore greater self-awareness and I feel privileged to support you in reaching your goals.

By signing the below, you are acknowledging that you have received and been given an opportunity to read a copy of Authentic Living Therapy Services, LLC's Notice of Privacy Policies and that if you have any questions regarding the Notice or your privacy rights you can contact me at 763-458-2654.

By signing the below, you are also acknowledging that you have read the preceding information and understand your rights as a client and agree to comply with the policies.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Name (printed):** \_\_\_\_\_

*If the Client is a Minor:*

**Legal Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Legal Representative Name (printed):** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist Name (printed):** \_\_\_\_\_