



AUTHENTICLIVING

## 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, SEP**

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 a Somatic Experiencing Practitioner. I received my SEP certificate in 2021.

### **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'm also getting trained in Internal Family Systems (IFS or "Parts Work") and can bring this approach into our work together if desired. IFS is a great way to understand and bring into balance one's internal world, heal wounded parts, release core limiting beliefs (such as "I'm not enough.") and find internal peace. Learn more at [ifs-institute.com](http://ifs-institute.com).

I welcome clients of all races, ethnicities, gender affiliations, sexual orientations, socioeconomic statuses and religious beliefs. I work with adults only. The client-therapist relationship/connection is a crucial component of effective therapy. You are encouraged to share any concerns, complaints or questions you have with me, which will increase the likelihood of me being attuned to your needs in the therapy space. Working through frustrations and misunderstandings can be an important part of the therapy process. I am not the right therapist for everyone at any given time and if it doesn't seem like the right fit for you, 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).

**Confidentiality**

The session content and all relevant materials to the client’s treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years. Sara Bidler License LMFT #1714 Authentic Living LLC 6065 Kirkwood Lane N Plymouth, MN 55442-1223 (763) 458-2654
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.

6. If a court of law issues a legitimate subpoena for information stated on the subpoena.

7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

### **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.

I cannot respond to in-depth questions or reports via phone, email or text in-between sessions. I will respond to scheduling questions and anything else will be discussed during our next session. If this level of contact in between sessions is not enough, we can discuss the possibility of more frequent sessions. These limits are important so I can be fully available to you professionally and can have thoughtful, resonant, and meaningful interactions with you.

### **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, support, 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**

It is your right to end therapy at any point. Reasons I may choose to stop our work together include:

- 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: \$175 (50-minute session)

I use the HIPPA-compliant platform, SimplePractice, for scheduling, paperwork and billing. Each client has their own "portal" where they can view invoices/statements, request appointment times and fill out paperwork. In order to receive services, you must have a credit card on file in your portal. 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 in-network for BCBS of MN (please verify this by calling the number on your insurance card). For all other insurance companies, I am an out-of-network provider. Statements can be requested for reimbursement for out-of-network benefits. If you are using insurance benefits, your credit card on file will be used to cover any required copayments, deductibles, late fees, etc.

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 (if using check/cash) or the client's card on file will be charged prior to or immediately following the session.

I offer a sliding scale fee for a limited number of clients who are experiencing financial hardship.

If you require my assistance during a legal proceeding or for legal issues my hourly fee is \$500/hour.

## **Cell Phones**

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

## **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 automatically be charged 50% of the session fee. Missed session fees cannot be charged to HSA or FSA accounts per their requirements. Insurance does not cover late or no-show fees. 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 telehealth. Otherwise, the session will be considered cancelled.

## **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 CLICKING ON THE CHECKBOX BELOW, YOU ARE STATING:

- I HAVE READ, UNDERSTOOD AND ACCEPT THE GUIDELINES AND POLICIES CONTAINED IN THIS DOCUMENT.

- I UNDERSTAND THE FEES AND AGREE I AM RESPONSIBLE FOR PAYMENT. I UNDERSTAND IT IS MY RESPONSIBILITY TO KNOW WHAT MY INSURANCE POLICY COVERS FOR MENTAL HEALTH SERVICES AND TO PAY ANY PORTION IT DOES NOT COVER (INCLUDING LATE FEES).
- I AGREE TO AUTHENTIC LIVING, LLC STORING MY CREDIT CARD INFORMATION IN A SECURE AND HIPAA-COMPLIANT DATABASE TO MORE CONVENIENTLY BILL FOR SESSION FEES AND LATE CANCELLATION FEES.
- I HAVE RECEIVED AND BEEN GIVEN AN OPPORTUNITY TO READ A COPY OF AUTHENTIC LIVING, LLC'S NOTICE OF PRIVACY POLICIES AND KNOW IF I HAVE ANY QUESTIONS REGARDING THE NOTICE I CAN CONTACT SARA BIDLER AT 763-458-2654.
- I HEREBY CONSENT TO SERVICES UNDER THE ABOVE STATED CONDITIONS.

*If/when you are added as a client, you will be sent this form electronically for signing.*