



**Amy P. DiGennaro, MFA, MA, ATR, LMFT**

Amy DiGennaro, LLC c/o Lyn-Lake Psychotherapy & Wellness, Ltd.  
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THERAPEUTIC CONSULTATION INFORMATION DISCLOSURE STATEMENT

Therapeutic consultation is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps create the safety to take risks and the support to become empowered to change. As a person seeking therapeutic consultation, you have certain rights that are important for you to know about because this is your therapeutic consultation, the goal of which is your wellbeing. There are also certain limitations to those rights that you should be aware of. As a therapeutic consultant, I have corresponding responsibilities to you.

**My responsibilities to you as your therapeutic consultant:**

**I. Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapeutic consultations. I cannot and will not tell anyone else what you have told me, or even that you are in therapeutic consultation with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your written consent, but I will not do so unless the situation is an emergency. I will always act 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 choose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapeutic consultation session with you.

You are also 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. If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my Internet service provider. While under normal circumstances, no one looks at these logs; they are, in theory, available to be read by the system administrator(s) of the Internet service provider. Please see the Email and Text Informed Consent attached.

**The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.**

1. If I have knowledge of your intent to harm another person with an imminent actionable plan, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have knowledge that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to call the crisis team; and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If you tell me of the behavior of another named health or mental health care provider and inform me that this person has either a.) Engaged in sexual contact with a patient, including yourself; or, b.) Is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board and the Department of Health. I would inform you before taking this step. *If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.*

**The following is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in relational (couples, family) therapeutic consultation with me: If you and your co-participant(s) in**

therapeutic consultation have individual sessions as part of the relational therapeutic consultation, what you say in those individual sessions may be considered to be part of the relational therapeutic consultation and may be discussed in joint sessions. *Do not tell me anything you wish kept secret from your partner. We should discuss, prior to complete revelation, things that you do not want disclosed to other co-participants (host(s), family members, etc.).* I will remind you of this policy at the beginning of individual sessions dealing with the relational therapeutic consultation.

## II. Record-Keeping

I keep very brief records, noting only that we have met, what interventions happened in sessions, and the topics we discussed. 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 to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

## III. Diagnosis, Prognosis and Alternatives to Treatment

*Disclaimer: A diagnosis does not define who a person is. It is a particular kind of, singular, overly simplified description created at a specific moment in time to depict actions and effects but does not explain how they came to be. It is a shorthand method of communication among clinicians and business people used for classification and insurance purposes and should never be used to define a person or their worth. Clinicians, business people, and all involved in therapeutic consultation should actively challenge the ways diagnoses limit perceptions of people; and strive to situate diagnoses in context while adding complex descriptions of the person that include skills and abilities.*

I am required by the ethical code of my licensing board and insurance companies to select a diagnostic code to put in your file. Third party payers, such as insurance companies, also require diagnoses for coverage of your costs. I will collaborate with you on your diagnostic assessment and diagnosis, asking about pre-existing diagnoses, and explain fully what the diagnosis is and means. All of the diagnoses come from a book called the *DSM-V*; I will have a copy available for you to look at if you want to learn more about what it says about specific diagnoses. I believe that problems are problems; people are not problems; and use diagnosis only as necessary and keep the focus of our work together on you as a whole person. Together we will create and maintain a plan for therapeutic consultation. I will, to the best of my knowledge and abilities, give you a reasonable understanding of the likelihood of success and potential timeframe for the therapeutic work I am proposing, as well as potential effects of not pursuing the work I am offering. Every person is different, so my assessment, ideas for our work together and any prognosis are professional opinion. If you prefer, you can find a second (or even third!) opinion. I urge you to take ownership of your care and never continue to work with a practitioner who is not a good fit for you, including me! I will also discuss alternatives and supplemental supportive healing modalities to therapy (self-guided therapeutic practices such as journaling and art-making, bodywork, meditation/mindfulness practices, yoga, exercise, group work or classes, dieticians, naturopaths, medical doctors, psychiatrists/PNPs, or other forms of work that, in my opinion, might be helpful.

## IV. Other Rights

You have the right to ask questions about anything that happens in therapeutic consultation. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns and can request that I refer you to someone else if you decide that I'm not the right therapist for you. You are free to end therapeutic consultation at any time. See below for a full "Bill of Patient Rights."

## V. My training and approach to therapeutic consultation

My approach to therapeutic consultation is trauma- and attachment-informed, narrative/art therapy. I have a BFA (Bachelor of Fine Arts) from Syracuse University and an MFA (Master of Fine Arts) from Rutgers University in New Jersey; both studio art degrees for which I have studied and worked with a wide variety of art media. I have been a professional artist and university professor since 1996. I graduated in 2014, with a Master of Counseling and Psychotherapy, specializing in Art Therapy and Marriage & Family Therapy, from Adler Graduate School in Richfield, MN. I have extensive advanced training in Narrative Therapy, primarily with my mentors Jill Freedman and Gene Combs. I have done Level I and Level II EMDR training. I work from an intersectional feminist, social justice, trauma- and attachment-informed, holistic *mindbody* perspective; and am interested in many types of therapeutic consultation. My work is informed by many things, including but not limited to: Buddhist/mindfulness philosophy, social justice/anti-oppression philosophies (noticing and exploring the relationship of gender, power, and cultural forces in determining a person's developmental experiences and problems they are bringing to therapeutic consultation). Somatic experience (the body and it's experiences, stories, images, metaphors and sensations etc.) is incorporated into all of the ways I work. And everything I do is done within a social justice framework.

Narrative therapeutic consultation looks at all our experiences as stories within the above described contexts and believes that you are the expert in your life and on your stories and that problem-saturated stories can be re-written! *Narrative therapeutic consultation is based in the notion that we make meaning of our lives through the stories we live. These stories are constructed within the larger stories that make up our social, political, and interpersonal contexts.* [Jill Freedman, LMFT & Gene Combs, MD, Evanston Family Therapy Center \(EFTC\)](#) For more about narrative therapy, check out: [Dulwich Centre](#), [The Narrative Worldview](#), by [Freedman & Combs, EFTC](#), [The One-Minute Question: What is Narrative Therapy?](#) by [Eric Sween](#)

My approach to art therapeutic consultation is more process-oriented than product-oriented. I believe the process of creating has healing properties and that interpretation of images is not the main goal. Anyone can do art therapeutic consultation. **You don't need to be an artist or artistic or have any special talent to work with me.** Every human being has the capacity to create. *Art therapy is a form of expressive therapy that uses art materials, such as paints, drawing, clay, collage and even digital media such as photography and tablet technology. Art therapy combines traditional psychotherapeutic theories and techniques with psychological, interpersonal and somatic aspects of the creative process and self-expression. In mental health, art therapy is used in many clinical settings with diverse populations including children, adults, and families. As a part of integrative health care, art therapy and expressive arts therapy (art, music, drama, movement, and writing) complement and support traditional and complementary health practices and interventions.* [Cathy Malchiodi, PhD, LPCC, LPAT, ATR-BC, Independent Art Therapist and Author](#) For more about art therapy check out: [Art Therapy Blog](#), [The American Art Therapy Association](#), [The Minnesota Art Therapy Association](#)

Buddhist-Informed Psychology and therapeutic consultation uses mindfulness practices to help overcome difficulties. I use ideas based in the works and teachings of [Tara Brach](#), [Pema Chödrön](#), [Jack Kornfield](#), [Thich Nhat Hahn](#), [Sharon Salzberg](#), [John Kabat-Zinn](#), and others.

My work also integrates [Brené Brown's](#) research on vulnerability and whole-heartedness; knowledge stemming from work on interpersonal neurobiology and other attachment-informed and/or brain-based research, such as the work of [Daniel Siegel](#), [Sue Johnson](#), and others. Finally, all of my work is trauma-informed, grounded in research and knowledge about the mindbody's experience of trauma effects, as represented by [Bessel van der Kolk's](#) book [The Body Keeps the Score.](#), [Judith Herman](#), [Peter Levine](#), [Francine Shapiro](#) and many others.

*EMDR (Eye Movement Desensitization and Reprocessing) is a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. Repeated studies show that by using EMDR therapy people can experience the benefits of psychotherapy that once took years to make a difference. It is widely assumed that severe emotional pain requires a long time to heal. EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma. When you cut your hand, your body works to close the wound. If a foreign object or repeated injury irritates the wound, it festers and causes pain. Once the block is removed, healing resumes. EMDR therapy demonstrates that a similar sequence of events occurs with mental processes. The brain's information processing system naturally moves toward mental health. If the system is blocked or imbalanced by the impact of a disturbing event, the emotional wound festers and can cause intense suffering. Once the block is removed, healing resumes. Using the detailed protocols and procedures learned in EMDR therapy training sessions, clinicians help clients activate their natural healing processes.* [EMDR Institute](#)

I view therapeutic consultation as a collaborative process and see clients as the experts in their lives. I am not the master with answers; rather, I am more like a midwife: I have good information and can support you in your process, but it's your baby!.

I can help you find resources on all of these types of therapeutic consultation if you are interested in learning more about them. I use a variety of approaches in therapeutic consultation, we will work together to find what works best for you. These approaches are likely to include: art therapeutic consultation, dialogue, interpretation, cognitive reframing, EMDR, supportive touch (for example, a hand on your shoulder or back during EMDR, if deemed helpful by you and always with your permission first), awareness exercises, mindfulness practices, visualization, journal-keeping, and reading books. If I propose techniques that may have special risks attached, I will inform you of those, 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 regarding somatic treatments that could help your problems; I refer to both traditional and non-traditional practitioners and will be glad to discuss with you the pros and cons of various alternatives. I may suggest that you get involved in a therapeutic consultation or support group as part of your work with me. If another health care provider is working with you, I will need a release of information form from you if I need to communicate with them about your care. **You have the right, and I invite you to refuse anything I suggest that does not fit for you.**

## **VI. Relationships outside of therapeutic consultation**

It is my job to do my utmost to protect our therapeutic relationship. 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. I do not have any online/social media contact of any kind with clients or former clients except for therapeutic consultation-related email correspondence only. I do not accept gifts from clients. I live in South Minneapolis and often see people I consult with out in the world. To protect your privacy and agency I will never initiate contact. You may acknowledge me, say hello, nod, or ignore me as you please. I am open to being greeted and often am; but want you to choose whether or not to interact.

## **VII. Cell phone use**

Please do not use your cell phone during sessions, except in case of emergency—this includes texting. I want us to be able to concentrate on the work at hand. Thank you.

## **VIII. Risks**

Therapeutic consultation also has 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 sometimes disruptive to the relationships you already have. You may find that your relationship with me to be a source of strong feelings, in your mind or your body, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits of you changing. Most people who take these risks find that therapeutic consultation is helpful.

## **IX. Termination of therapeutic consultation**

You normally will be the one who decides therapeutic consultation will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapeutic consultation at the end of that contract. 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 not appropriate, I will inform you of this fact and refer you to someone else who may better meet your needs. If you do violence to, threaten, verbally or physically harass or my family or me, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapeutic consultation, I will offer you referrals to other sources for care, but cannot guarantee they will accept you for therapeutic consultation.

## **X. Communication**

I will tell you in advance if I will be unavailable to take phone calls, voicemail, or emails due to vacation or professional obligations. I may be available for brief between-session voicemails (or texts, though please be advised that texts, like emails are not completely confidential) during normal business hours (M-F 9AM-5PM). If you are experiencing an emergency when I am unavailable, or outside regular business hours (after 5 pm on weekdays and on the weekends), please call Crisis Connection (612) 379-6363 (or toll-free: 1-866-379-6363) for 24-hour crisis counseling. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. I will be unable to spend more than 10 minutes a week on the phone or reading emails or listening to voicemail messages or reading texts without charging a fee. If necessary, we can schedule an additional full session, if needed.

## **XI. Your responsibilities as a *therapeutic co-consultant*.**

You are responsible for being at your scheduled session on time. Sessions last for 53 minutes. If you are late, we will end on time and not run over time, as I make it a priority not to leave the next person waiting. Please do not miss a session without canceling with one week's notice, with the exception of illness and emergency. You will be charged the full session fee (including copay/coinsurance) for any missed session, unless prohibited by law. Please see my full cancellation policy below for full details.

## **XII. Complaints**

If you are unhappy with what is happening in therapeutic consultation, I hope you will talk about it with me so I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe I've been unwilling to listen or respond, or that I have behaved unethically, you can complain about my behavior to Suzanne Morgan, MSW, at Lyn-Lake Psychotherapy & Wellness, 621 West Lake Street, Suite 350, Minneapolis, MN 55408, (612)799-7299. You are also free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality about what I do that you don't like, since you are the person who has the right to decide what you want to keep confidential.

### **Private Practice Patient's Bill of Rights**

As a person receiving mental health services, you have the right to:

- Be treated with dignity and respect.
- Choose the services or programs in which you participate based upon information about rules, treatment procedures, costs, risks, rights and responsibilities.
- Ask questions and get answers about services.
- Participate fully in all decisions about treatment or services.
- Request changes in treatment or services.
- Refuse treatment or service unless ordered by the Court to participate.
- Be informed about the rules that will result in termination of therapy if violated.
- Participate fully in decisions regarding conclusion of therapy and receive advance notice regarding the proposed conclusion, unless your behavior threatens the well-being of another person.
- Be supported in knowing the name of the medication you are taking, why you are taking it, and what its possible side effects might be.
- Refuse to take medication, if you choose. (Note: You should not discontinue taking medication suddenly without first discussing the possible dangers with a psychiatrist.)
- Have your family involved in your treatment.
- Refuse family participation in your treatment, if you choose.
- Not be subjected to verbal, physical, sexual, emotional or financial abuse; harsh or unfair treatment.
- Decide when and if you want to disclose any details of past trauma or abuse. Ask that safeguards be taken when disclosing that information to minimize detrimental effects of disclosure as well as to avoid re-traumatization if at all possible.
- Make complaints, have them heard, get a prompt response, and not receive any threats or mistreatments as a result.
- File a grievance if you are not satisfied with the response to a complaint.
- Be assisted by an advocate of your choice: For example, family, friend, case manager, member of a consumer advocacy committee or organization, etc.
- Review your record, with two exceptions. Limited portions of your records can be withheld from you if your treatment team leader has written that seeing specific information would: A) Be harmful to your treatment; or B) Reveal the identity or break the trust of someone who has provided information in confidence.
- Decide who else can see your records, with several exceptions. Those who do not need to ask your permission are: people involved in your mental health treatment or to whom you are referred for treatment, people providing emergency medical care, an attorney representing you at a commitment hearing, a court, people conducting program or utilization reviews, or third-party payers (those who pay for your treatment). These people may only see as much information as they need for the specific purpose requested.
- Manage your own financial affairs, if you choose, with one exception. If you receive social security benefits, the Social Security Administration might decide that you need a payee, based upon a psychiatrist's report. If this happens, you have the right to choose the person who will be your payee. You can also regain the right to receive your social security check if a psychiatrist fills out a form saying you are now capable of managing your own money.
- Exercise all civil and legal rights afforded to citizens of the United States.
- Not be discriminated against on the basis of race, age, sex, religion, national origin, sexual orientation, gender expression, disability, marital status or diagnosis.

Please direct complaints to: Minnesota Board of Marriage and Family Therapy, 2829 University Avenue SE, Suite 330, Minneapolis, Minnesota 55414-322, (612) 617-2220



**Amy P. DiGennaro, MFA, MA, ATR, LMFT**

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**Consent to therapeutic consultation**

I have read and reviewed this 5-page informed consent statement with Amy DiGennaro, I had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapeutic consultation with Amy DiGennaro, MFA, MA, ATR, LMFT. I know I can end our work together any time I wish and that I can refuse requests of suggestions made by Amy. I am over the age of eighteen (if I am not, my guardian is signing along with me below).

\_\_\_\_\_

Signature of person seeking therapeutic consultation

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

\_\_\_\_\_

Amy P. DiGennaro, MFA, MA, ATR, LMFT, Therapeutic Consultant

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

\_\_\_\_\_

Signature if Guardian or responsible adult (if under eighteen years of age)

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

Relationship: \_\_\_\_\_



**Amy P. DiGennaro, MFA, MA, ATR, LMFT**

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**Consent to therapeutic consultation: Therapist's Copy**

I have read and reviewed this 5-page informed consent statement with Amy DiGennaro., I had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapeutic consultation with Amy DiGennaro, MFA, MA, ATR, LMFT. I know I can end our work together any time I wish and that I can refuse requests of suggestions made by Amy. I am over the age of eighteen (if I am not, my guardian is signing along with me below).

\_\_\_\_\_  
Signature of person seeking therapeutic consultation

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

\_\_\_\_\_  
Amy P. DiGennaro, MFA, MA, ATR, LMFT, Therapeutic Consultant

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

\_\_\_\_\_  
Signature if Guardian or responsible adult (if under eighteen years of age)

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

Relationship: \_\_\_\_\_



**Amy P. DiGennaro, MFA, MA, ATR, LMFT**

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**CONSENT TO USE AND DISCLOSE YOUR HEALTH INFORMATION**

This form is an agreement between you, and me. When I use the words "you" and "your" below, this can mean you, your child, a relative, or some other person if you have written his or her name here: \_\_\_\_\_.

When I consult with, diagnose, carry out therapeutic work together with, or refer you, I will be collecting what the law calls "protected health information" (PHI) about you. I need to use this information in my office to decide on what treatment is best for you and to provide treatment to you. I may also share this information with others to arrange payment for your treatment, to help carry out certain business or government functions, or to help provide other treatment to you. By signing this form, you are also agreeing to let me use your PHI and to send it to others for the purposes described above. Your signature below acknowledges that you have read my notice of privacy practices, which explains in more detail what your rights are and how I can use and share your information.

If you do not sign this form agreeing to my privacy practices, I cannot treat you. In the future, I may change how I use and share your information, and I may change my notice of privacy practices. If I do change it I will notify you.

If you are concerned about your PHI, you have the right to ask me not to use or share some of it for treatment, payment, or administrative purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I am not required to accept these limitations. However, if we do agree, I will do you asked. After you have signed this consent, you have the right to revoke it by writing. I will then stop using or sharing your PHI; but I may already have used or shared some of it and cannot change that.

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Signature of client (or his/her personal representative)

Date

---

Printed name of client (or personal representative)

---

Amy P. DiGennaro, MFA, MA, ATR, LMFT

Date

Copy given to the client/parent/personal representative



**Amy P. DiGennaro, MFA, MA, ATR, LMFT**

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I am an [artist](#) and therapeutic consultant who helps people create the lives they want to live using art and creative expression in therapeutic and educational ways. I use various forms of counseling to help you connect to what you give value to, focusing on your beliefs, knowledges, and abilities to work through struggles and build the life you want to live. I take a positive, strengths-based approach to help you create meaningful relationships with your problems in order to relate to them in preferred ways. Together we can transform difficulties into creative projects that move you towards your preferred ways of being. My main practices are art and narrative therapies, but I am also interested in mindfulness practices, body-based approaches, and lifelong learning.

For almost twenty years, I worked as a university art professor and artist mentor helping people connect with their creative vision and develop their skills. In my professional studio practice, I have explored the ways that experience is lived through stories and how those stories create meaning in our lives.

As a therapeutic consultant, I help people to develop meaningful relationships with their problems to transform difficulties into creative projects that move them towards their preferred ways of living and being. I am passionate about creating a world of possibilities and positive growth to foster wellbeing in those with whom I work—and in doing so artfully! My work honors people's knowledges and perspectives and works to connect them with the things they give value to and treasure.

**Do you have to be an artist or artistic to work with me? No! I offer a wide range of approaches that can include creative expression in its many forms. I also do talk therapy.**

I am available to meet at:

[Lyn-Lake Psychotherapy & Wellness, Ltd., 3303 Excelsior Blvd, Suite 215](#)

It may be possible to bill your insurance. Cash, check or credit cards (3% processing fee applies) accepted.

The cost of my work is \$175 per hour (53 min hour for therapy sessions; 60 minute hour for other services). Services include: Individual or Relational (Couples and Family) Therapy; Coaching/Mentoring/Consulting; Art or Therapy Education; Visual Outsider-Witnessing; or other professional services (court appearances, etc.).

If the cost of my work is prohibitive, or not covered by insurance; it may be possible to negotiate a fee. Please see my negotiated fee statement below.



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When we decide, eagerly or apprehensively, to pursue our healing and growth, it is very important to seize the moment. In an ideal world, we all should have an easy access to affordable care and a wide variety of modalities. Currently, however, affordable care in general, and alternative/complementary modalities such as art therapy in particular, are not widely available. To do my small part in making therapy more accessible, I have a policy of doing my best to not turn anyone away for lack of funds. At the same time, I do not waive my fee entirely. If you are unable to pay my full fee (\$160/53 minute hour) and need to negotiate for a lower fee, please read this document thoroughly in considering what you can pay. Please Consider from whom you ask for a discount for what in what situations: Please ask yourself: When have I asked for discount? For what items or services? From whom? Did I consider the impact on the service provider for agreeing to charge me less? Do I have a conscious or unconscious assumption, for example, that “therapists whose job is to care about people” should offer discounts and sliding scale?

For a negotiated fee scale to work, each one of us has to honestly self-assess and then be willing to stretch. The questions to consider: how much can I truly afford? What is the value of this work for me? Do you automatically think – “oh, I don’t have any money” and set up to pay the lower end? Stop for a second. Feeling broke and being broke are two different things. You should not pay the lowest end if:

- You regularly buy coffee at coffee shops.
- You go out to movies or other social events at least two or three times a month.
- You buy yourself new clothes because you like how they look rather than you have no more warm sweaters.
- You regularly pay for things like getting facials or manicures or massages and they are not part of chronic pain management or other life survival issues.
- You have ways to get extra income when you need it – by calling your parents, for example
- You know you can afford to pay this without needing to think twice about it, even if it feels like a lot of money.

I am a self-employed mother who makes a living and supports my family by providing sessions and training in creative arts and narrative therapies. In particular, I am interested in serving those who have been impacted by social, collective and historical traumas (e.g., racism, sexism, homophobia and heterosexism, American Indian genocide and displacement, colonialism, slavery, etc.) and those who want to be effective allies. However, I ask you to understand that it is not a casual decision on my part to maintain this policy and practice. In some ways, by offering this policy, I am preventing my clients from examining why some resources are accessible only to some people, and taking steps, individually or collectively, to correct this inequity in our healthcare system.

Negotiated fees are NOT discounted fees or a sliding scale; you are ultimately responsible for the difference between my full fee and what you are able to pay now. Once we agree on a negotiated fee, I ask you to do the following:

- Please keep track of the difference between what you pay and what the full fee would have been;
- Near or far down the road, when you have more resources, please offer me the difference so that I can continue my practice with the same policy. Alternately, please contribute the amount to an individual, an organization or a program that seeks to end racism.

Thank you for your consideration. I look forward to our collaboration for your healing, growth and empowerment.



**Amy P. DiGennaro, MFA, MA, ATR, LMFT**

Amy DiGennaro, LLC c/o Lyn-Lake Psychotherapy & Wellness, Ltd.

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**Email and Text (SMS) Messaging Informed Consent: In order to communicate with you by email or text message, I need to make sure you are aware of the confidentiality and other issues that arise when we communicate this way and to document that you are aware of these and agree to them.**

I understand that e-mail messages are sent over the Internet and are not encrypted, are not secure, and may be read by others. I understand that my e-mail communications with my therapist may NOT be encrypted and, therefore, my therapist cannot guarantee the confidentiality and security of any information I send to him or that he sends to me via e-mail. I understand that SMS messages are even less secure than e-mail, and the same conditions apply.

I understand that for this reason my therapist has advised me not to send sensitive information via e-mail or SMS message. This includes information about current or past symptoms, conditions, or treatment, as well as identifying information such as social security numbers or insurance identification information.

I hereby give permission for my therapist to reply to my messages via e-mail, including any information that she deems appropriate, that would otherwise be considered confidential. I agree that Amy DiGennaro shall not be liable for any breach of confidentiality that may result from this use of e-mail via the Internet.

I understand that my therapist will limit SMS messages to brief inquiries or responses regarding scheduling. I understand that my therapist may at times e-mail me information about resources that I can use as part of my treatment. I hereby consent to receive such information via e-mail.

I understand that e-mail and SMS communication should not be used for urgent or sensitive matters since technical or other factors may prevent a timely answer. I understand that if I use email or SMS to make or request scheduling changes it is my responsibility to confirm that my therapist has received my communication more than 24 hours before the appointment time being changed. If I believe I need a response within 48 hours, I will not use e-mail but will call my therapist. If I do not receive an answer to a routine e-mail or text message within two working days, I understand that I should call my therapist.

I understand that all e-mail and SMS communications may be made part of my permanent medical record and would be accessible anyone given access to those records. I also understand that I may withdraw permission for my therapist to communicate with me via e-mail or SMS by notifying my therapist in writing.

\_\_\_\_\_  
Signature of person seeking therapeutic consultation

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

\_\_\_\_\_  
Signature of Therapist

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

\_\_\_\_\_  
Signature if Guardian or responsible adult (if under eighteen years of age)/Relationship

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



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**A) One week notice required for non-emergency/illness cancellations.** Scheduled appointments will need to be cancelled one week in advance, except in cases of illness or emergency. I get many cancellations due to folks' work schedules changing or forgetting to let me know when they are away; often canceling right at the 24 hour mark, making it nearly impossible to fill those spots. As a private practice therapist, it is financially impossible for me to keep my business going if 25% of expected income is lost to late cancellations every week (which is what it has been in the past). This is my current policy. *My policy differs from and supersedes the general LLPW cancellation policy of 24 hour notice.* I hope it makes sense. Please let me know if it does not, or you want to discuss the policy.

**B) Sick/Emergency Days.** You have up to three sick/emergency days spread out over the year period without fees being charged. Sick means you or your dependent has a fever, diarrhea, vomiting, initial symptoms of coughing, sore throat, chills, etc. indicating potential contagious illness. Please do not come in if you are contagious or actively ill (fever, vomiting or diarrhea within the preceding 24 hrs). Emergencies include, but are not limited to accidents, urgent medical matters; work meetings being rescheduled, elective travel, or conflicting meetings/appointments do not constitute emergencies.

**C) The fee for a missed session or late cancellation will be the full session fee.** If you miss an appointment without canceling a week in advance, or because you forgot or slept through it, you will now be charged the full session fee (what you or your insurance company would normal have paid, including copay / coinsurance, if you had made it to the appointment). If I have to late cancel (with less than a week notice) on you, I will "owe you" a late cancel without charge. Please keep track of that and remind me if/when you need to use it.

**D) No fee charged for MA or PMAP.** I am not allowed to charge missed session fees for anyone with MA, which includes a PMAP through MNSure with HealthPartners, BCBS, etc. If you have one of these plans, please be thoughtful about missing appointments, and give me advanced notice whenever possible.

**E) Move to week-by-week scheduling if cancellation is a consistent problem.** If you regularly miss or cancel appointments for reasons other than sickness and emergency, at my discretion you may lose your regular weekly or biweekly appointment and be required to schedule appointments each week as they are available.

I have read and understand the above policy. I am aware that this policy differs from and supersedes the general practice cancellation policy. I acknowledge that I am responsible for canceling my appointments one week in advance, except for illness or emergency. I understand that I will be charged the full fee for missed sessions not canceled one week in advance. I am aware of the fact that I may be asked to schedule on a weekly as available basis if I miss multiple appointments.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_