



Peaces 'n PuzSouls

Journies thru Healing

MISSION

The mission of Peaces 'n PuzSouls is to provide individualized and quality psychotherapy and reflective dialogue to individuals, families, agencies, and communities with diverse challenges.

SERVICES:

- Individual, Group, Agency, Community Psychotherapy
- Mental Health Assessment
- Mental Health Education & Training
- Consultation, Reflective Practice
- Supervision*

SCOPE of PRACTICE:

Peaces 'n PuzSouls uses a variety of models including Biopsychosocial, Psychodynamic, Reflective, and Strengths Perspective with a goal of Empowerment, to assist individuals and communities to achieve the highest quality of life. Cultural practices and spiritual beliefs are welcome to wholistically examine the background of each individual.

STAFF:

Dr. Sheila Sweeney, PhD, LICSW, IMH-E®: An experienced, African-American Psychotherapist, Consultant, & Faculty Member with a demonstrated history of working in the mental health & higher education industry. Skilled in Psychodynamic Psychotherapy, Parent-Child Development, Mental Health Consultation, Reflective Practice, Mind, Body, Spirit Intersection, and Family-Community Connections. A strong educated professional, who holds the Doctor of Philosophy (Ph.D.) Degree in psychodynamic psychotherapy, a Masters of Social Work Degree, with a clinical emphasis, and a certification in Infant and Early Childhood Mental Health (Endorsed IMH-E®).



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BUSINESS POLICIES and PROCEDURES

SESSIONS: All appointments are scheduled in advance. All appointments will start on time. The standard therapy session as defined by insurance companies is 45-50 minutes. Every effort will be made to keep each session within this time limit. Some appointments can be prearranged for shorter or longer times. Treatment plans are jointly developed between the therapist and client; there is an expectation that clients will actively work towards achieving treatment goals.

Payment, Fees and Insurance: Payments, Co-payments, Insurance, Co-insurance, and/or deductible payments are due at the time of service. It is your responsibility to contact your insurance company and determine your benefits for mental health out patient care. In the event that your insurance company denies payment or if you are uninsured, you will be charged for services directly (see payment fee schedule). Payments and services NOT paid by your insurance provider is the RESPONSIBILITY of the insurance POLICY HOLDER.

CANCELLATION (S): If you are unable to keep an appointment, please cancel at least 24 hours in advance. Appointment times are held for 15 minutes past the session start time; at 15 minutes late the appointment will be cancelled and you will need to reschedule. After two (2) cancellations without notice, your case will be closed. If you cancel less than 24 hours or "no show" defined as not calling or not showing up to your scheduled appointment, you will be financially responsible for the session. **YOU ARE RESPONSIBLE FOR ANY APPOINTMENT (S) CANCELLED, RESCHEDULED, OR DEFINED AS A "NO SHOW" ON THE SAME DAY OF YOUR SCHEDULED APPOINTMENT. THEREFORE PLEASE ADHERE TO THE ABOVE CANCELLATION POLICY AND CALL TO RESCHEDULE OR CANCEL APPOINTMENTS AT LEAST 24 HOURS IN ADVANCE. FEE IS EQUAL TO YOUR SCHEDULED PROCEDURE ON THAT PARTICULAR DAY UNLESS OTHERWISE NOTED*.**

Messages and Emergencies: Messages can be left at (651) 797-4094 or emailed to admin@ppjth.com; all messages will be returned within 48 hours, during the business week. If you are experiencing a life threatening **EMERGENCY** dial 911, or go to the nearest hospital. ALL other **EMERGENCIES** call your local CRISIS CENTER: Ramsey County Adult (651) 266-7900 or Ramsey County Children (651) 774-7000; Hennepin County Adult (612) 596-1223 or Hennepin County Children (612) 348-2233. Ask your therapist for your local crisis information if different from the above named.

Privacy and Confidentiality: All sessions and records are confidentially held by Peaces 'n PuzSouls: JTH. Any release of information must be preceded by your request **and** signed consent.

Exceptions:** insurance provider request(s) for dates of services, diagnoses, treatment, and similar correspondence. If your insurance provider requests such information, you are granting consent to respond. Under some circumstances this agency is required to respond to a judicial demand for information, upon such requests, you will be notified according to the information you provided on the *Consent for Use of Disclosure of Protected Health Information* form.

All minors (individuals under the age of 18 years of age), the privilege of confidentiality is held by the parent/legal guardian, and all such information shared during a session with the minor client may be shared with the parent/legal guardian. Particularly in cases where the health and well being of the minor is or may become endangered.

****Minnesota State Law** requires this agency and all staff affiliated with this agency to report instances of abuse, neglect, and/or mistreatment of children and vulnerable adults. This law also mandates the reporting of risk of imminent serious harm by the client to self or another person and by another person to the client.