



Important Practice Information

Consent for Treatment and Office Policies

Welcome to the MBH Wellness office! This document contains important information concerning your treatment. Please read this document carefully as there is information that will apply prior to and throughout treatment. Please bring any questions you have at your first appointment.

Confidentiality: Your privacy is extremely important. All protected health information (PHI) will be kept confidential. You will be given a copy of the privacy practices. In almost all cases your consent will be obtained prior to the release of any PHI. However, medical records and/or PHI may be released regardless of consent in the following circumstances:

1. According to the state and local laws, all cases of physical or sexual abuse or neglect of minors or the elderly must be reported to the appropriate agencies.
2. According to the state and local laws, all cases in which there exists a danger to self and/or others must be reported to the appropriate agencies.
3. When authorized by the recipient of services, in order to process medical insurance claims and authorized payment of benefits.
4. In the event that a patient is in need of emergency services and other medical personnel needs to be contacted.
5. If you become involved in specific kinds of legal proceedings, the courts may subpoena information concerning your treatment.

Emergency/On Call Service: If you are in need of emergency services, call 911 or proceed to the nearest hospital emergency room. If any situation arises outside of business hours that requires immediate evaluation or emergency services, call 911 or proceed to the nearest hospital emergency room.

Treatment of Minors: Treatment of children under the age of 18 years will be provided only with the consent of the parent or legal guardian. In cases of divorce, a copy of the custody agreement must be provided. Most custody decrees entitle the non-custodial parent to access the health record without consent from the custodial parent. By signing this consent form the client acknowledges that he or she is the guardian of any minor in treatment. Copy of the custody agreement in the cases of divorce must be provided.

Billing and Payment Information: If there is a change in your insurance coverage, your address, or other demographic information between appointments, it is the patient's/guardian's responsibility to supply the office with the most recent information at the time of check in.

Session Duration and Fees:

Initial Diagnostic Interview (1 hour): **\$140**

Intake Assessment 50 Mins/90 Mins: **\$50-75**

50-60 Minute Psychotherapy Session: **\$140**

50-60 Minute Family Psychotherapy Session: **\$140**

Court Appearance Fees: **Starts at \$150 per hour**

Some exceptions may apply based on insurance coverage

Extended Sessions: Please note that all sessions are 50 mins in length, unless an arrangement has been made between counselor and client prior to the session. If the session continues past the allotted 50 mins, the client is responsible for payment of this time. The cost for this unplanned extended session is \$10 per every 5 additional minutes. This is to ensure that clients are seen on time or with only a slight delay. We value the time of our clients and ask that others respect that time as well as that of the counselor. We ask all new patients to arrive 15-20 minutes early to complete any paperwork so you may start on time for your appointment.

Payment of Fees: Any payments relevant to the office visit and treatment provided (i.e., copays, deductibles, etc.) are expected at the time of the visit. Acceptable payment methods include credit cards, (MasterCard, Visa, and Discover), check, or cash. Please have one of these methods available at check in. Kindly note all card transactions will attract a 3% fee.

Cancellation Policy: If you need to miss or cancel an appointment, please contact the office as soon as possible. Arrival at an appointment more than 20 minutes late will constitute having missed the appointment and the cancellation fee will apply. Missed appointments **ARE NOT** covered by insurance and are the sole responsibility of the patient.

*****There is a cancellation fee for missing an appointment unless you call to cancel at least 48 hours (excluding weekend hours) in advance. This fee will be the full reimbursement rate of the appointment as it was scheduled. *****

***** New patient assessments not attended or cancelled with less than 48 hours (excluding weekend hours) notice will not be rescheduled without credit card prepayment*****

Forms, Letters, and Documentation: Any additional paperwork, letter, and forms not specifically related to intra-office care will be subject to a fee based on the complexity and time completed prior to the release of the paperwork, letters, or forms.

Phone Contacts: On occasion, extended phone conversations may occur to answer urgent questions or provide needed stabilization or consultation. Contacts less than 15 minutes will be charged \$30 when applicable. All longer calls will follow the routine session duration/fee schedule included above. Phone contacts **ARE NOT** covered by insurance and are the sole responsibility of the patient.

Client Signature

Date

Witness Signature

Date

Therapist Signature

Date