

IMPORTANT INFORMATION

Following is some important information about your care at MidWest Center for Personal & Family Development.

Your Insurance Company:

When insurance is filed, please remember that your insurance company has access to all your records. Also be advised that, even if your insurance policy includes mental health benefits, most insurance companies do not provide reimbursement for mental health services rendered to persons who are not diagnosed as having a mental disorder. Thus, if insurance is to be filed, the report must contain a diagnosis of a mental disorder. Although most insurance companies do not pay for marriage and family therapy, they may pay if a mental disorder is significantly contributing to the dysfunction in the marriage.

Confidentiality:

Most of the information a therapist collects about you will be classified as confidential. However, when insurance is involved MidWest Center does not have control over and cannot assure its clients of confidentiality. That means employees of MidWest Center, employees of the insurer and employees of contracted organizations of the insurer all have access to your chart. This is provided for in the insurance policy between you and your insurance company.

The client record is legally the property of MidWest Center. However, clients may have access to information contained in the file, except in those cases where the release of such information may be deemed harmful to the client's well-being. Information can be released to others only upon written informed consent of the client.

In a few cases, information is unavailable to a client. Certain confidential data may be available only to the therapist and particular government agencies. Classified material falling into this category might deal with adoption, civil or criminal investigations, some medical data and the names of persons who report suspected abuse of children or vulnerable adults.

Exceptions to Privacy:

All members of the staff of the Clinic will hold information confidential except under the following circumstances:

- If a client threatens to harm someone (including self), a staff person must, by law, take appropriate action to ensure safety.
- If a client engages in irresponsible sexual activity while HIV positive.
- If a client uses recreational drugs or alcohol irresponsibly while pregnant.
- If a therapist suspects that a client is physically or sexually abusing a child or vulnerable adult, the therapist is required by law to report concern to the proper authorities.
- If a client is under age 18 and the therapist judges it is in the best interest of the client to share information.
- Requests from your insurance company.

Midwest Center Professionals meet in consultation with other mental health professionals within this clinic. During those meetings, your situation may be reviewed. Mental health professionals seeing members of the same family or significant others may discuss your

situation. If you have questions or concerns about this, please speak to your therapist.

Children Visiting Our Facility:

If children accompany a client, either because the child(ren) is/are going to be seen by one of the therapists, or simply because they are with the parent, please be advised that our staff cannot assume responsibility for caring for them in the reception area. Children under age 10 cannot be left in the reception area unless accompanied by a person specifically responsible for their care.

Emergencies:

Listed below are some phone numbers you may want to keep with you in case of emergency and your therapist is not immediately available.

United Way First Call for Help

612-335-5000

Abuse Victims can call

651-646-0094

Crisis Connection

612-379-6363

Hennepin County Medical Center Crisis Center

612-873-3161

Behavioral Emergency Center – University of MN Medical Center

612-672-6600

CLIENT RIGHTS

Bill of Rights:

Consumers of professional mental health services have the right:

- (a) to expect that the professional consulted has met minimal qualifications of training and experience commensurate with service requirements and in accordance with professional and/or disciplinary standards.
- (b) to be informed of the credentials of those by whom they are served;
- (c) to be informed of the cost of professional services prior to receiving those services;
- (d) to privacy as defined by rule and law;
- (e) to be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
- (f) to have access to their records as a provided in Minnesota Statutes, section 144.335 subdivision 2; and
- (g) to be free from exploitation for the benefit or advantage of a therapist.

Sexual Behavior:

Therapists must not, under any circumstances, be involved with their clients in a sexual way. They may not "date" or behave with their clients in a "dating" manner. They are not to be involved in social relationships/functions with their clients. This prohibits going to lunch/dinner with clients.

Complaints:

If you are dissatisfied with the services you are receiving, please immediately discuss your concerns with your therapist. A therapist needs honest feedback to be most effective. However, if you feel uncomfortable confronting your therapist with your concerns or if you are not satisfied with the result when you express your concerns, please contact another therapist on the staff.

In case you feel it is necessary to contact a professional group outside the Clinic, it is your right to do so. Professional associations interested in promoting high quality services and professional ethics are:

Minnesota Psychological Association
Minnesota Board of Psychology
Minnesota Psychiatric Society
Minnesota Board of Medical Examiners
Minnesota Board of Marriage and Family Therapy
Minnesota of Social Workers
National Association of Social Workers
Minnesota Nurses Association
Minnesota Board of Nursing
American Association of Marriage and Family Therapists
Department of Human Services

Other Rights:

- (a) A client has the right to refuse to give any information (however, by not providing necessary information the client will probably not fully benefit from the assistance being sought).
- (b) A client has the right to challenge the accuracy of any of the information contained in the records; if a client wants to challenge any information, write to the Clinic Director, or talk with the responsible clinician. A challenge must be answered within 30 days.

A client has the right to insert his/her own explanation of anything she/he objects to in his/her records.

OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider.

Please understand that payment of your bill is considered a part of your treatment. The following is **A statement of our Financial Policy, which we require ALL CO-PAYS ARE DUE AT THE TIME OF YOUR SESSION.**

WE ACCEPT CASH, CHECKS, OR VISA/MASTERCARD.

Regarding Insurance:

We may accept assignment of insurance benefits. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a 3rd party to that contract. In the event we do accept assignment of benefits and your insurance has not paid your account in full within 60 days, the balance will be automatically transferred to your responsibility. Please be aware that some, and perhaps all, of the services provided may be non-covered

services and not considered reasonable and necessary under your medical insurance. Contact your employer or insurer if you have questions.

All co-pays are due at the time of your session when you use an insurance plan for which your therapist is a provider. In the event that your insurance coverage changes, it is your responsibility to notify us. If your new plan is one for which we are not participating providers, you are responsible for your account. Any follow up or reporting to 3rd parties that becomes necessary due to unpaid balances on your account, shall not be considered breach of confidentiality.

Adult Patients:

Adult patients are responsible for full payment of any co-pays at time of service.

Minor Patients:

Parents or guardians accompanying minors are responsible for payment of co-pays at the time of service. If a minor is accompanied by an adult other than a parent or guardian, payment is still expected at the time of service. For unaccompanied minors, charges may be pre-authorized to an approved credit plan, Visa/MasterCard, or paid by cash or check at the time of service.

Missed Appointments:

For ALL appointments, unless canceled with at least 24 business hours notice, a charge of \$75.00 will be applied to your account. This charge is normally not payable by your insurance, and will be billed as your responsibility. Please help us serve you better by keeping scheduled appointments.

All clients must complete our Registration forms before seeing a psychotherapist.

Exceptions: Late cancellations due to illness or bad weather causing school closures will be honored.

Service/Finance Charges:

- A monthly finance charge of 1.5 % is charged for balances exceeding 30 days.
- Accounts exceeding 90 days may be reported to a collection agency.
- There is a \$25.00 service charge for returned checks.

Fee Schedule Effective January 1st, 2007:

First Session Diagnostic Interview performed by Masters level professional = \$180.00*

First Session Diagnostic Interview performed by Ph.D level professional = \$200.00*

50 minute individual psychotherapeutic session with a Masters level professional = \$150.00*

50 minute individual psychotherapeutic session with a Ph.D level professional = \$165.00*

50 minute family psychotherapeutic session with a Masters level professional = \$160.00*

50 minute family psychotherapeutic session with a Ph.D level professional = \$175.00*

A \$20.00 discount is available to clients **choosing not to use insurance and who pay in full at the time of service.**

Additional fees for psychological testing, reports/letters, phone consultations and therapy groups may apply. Some or all of the above services may not be covered by your insurance and will be billed at an hourly rate. Please consult your therapist with questions.

1. All insurance co-pays are due at the time of service.
2. While MidWest Center may be listed as a network provider for your insurance, this is not a guarantee of coverage. Should your insurance company reject a claim, you will be held responsible for the balance due.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.



*Important Information,
Client Rights
And
Our Financial Policy*