

IMPORTANT SIGNATURES

Please print patient name: _____

FINANCIAL POLICY / MISSED APPOINTMENT POLICY

My signature below indicates that I have been provided with a copy of the Financial Policy and Missed Appointment Policy.

IMPORTANT INFORMATION

My signature below indicates that I have been provided with a copy of the Important Information form.

ASSIGNMENT OF BENEFITS

I hereby authorize direct payment to Midwest Center for Personal & Family Development of any medical benefits otherwise payable to me for services provided by a therapist affiliated with Midwest Center.

RECORDS RELEASE

I hereby authorize Midwest Center for Personal & Family Development to release my records to my insurance company and/or primary care physician for the purpose of processing my insurance claims. This authorization shall remain in effect as long as charges are being submitted for insurance claim processing or as long as dictated by payer.

NOTICE OF PRIVACY PRACTICES

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices.

These forms have been explained to me, and I have been given an opportunity to ask questions about them.

 X

Signature of Patient/Client or Personal Representative **Date**

If signed by personal representative, relationship to patient: _____



Important Information, our Financial Policy, and your Client Rights

Revised 4/27/2011

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.

Missed Appointments

We require a 24-business-hours notice when you cancel an appointment. For example, notify us by 10 a.m. Monday to cancel a 10 a.m. Tuesday appointment; 10 a.m. Friday to cancel a 10 a.m. Monday appointment.

A charge of \$75 will be applied to your account for ALL appointments that are missed or canceled with less than 24-business-hours notice.

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. Clients with two or more unpaid missed appointment fees are subject to termination of care.

Payments

- ▶ **ALL CO-PAYS ARE DUE AT THE TIME OF YOUR SESSION**
- ▶ All psychiatric patients are required to maintain a credit card on file
- ▶ We accept Cash, Checks, Credit Cards or Debit Cards
- ▶ All clients must complete our Registration forms before seeing a psychotherapist

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 or credit card, or paid by cash, debit card, or check at the time of service.

Regarding Insurance

(a) 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 third party to that contract. In the event we do accept assignment of benefits and your insurance has not paid your account in full within sixty 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 third parties that

becomes necessary due to unpaid balances on your account, shall not be considered breach of confidentiality.

(b) 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.

Service/Finance Charges

- A monthly finance charge of 1.5% is charged for balances exceeding 30 days.
- Past due accounts may be reported to a collection agency.
- There is a \$25 service charge for returned checks.

Fee Schedule

Note: A \$20 discount off our posted rates is available to clients choosing not to use insurance and who pay in full at the time of service.

Following are the most commonly billed services:

Diagnostic Interview: More than one diagnostic session may be needed; in this case each session is billed at the rate indicated below:

DIAGNOSTIC INTERVIEW performed by a:

Masters level professional.....	\$180
Ph.D level professional.....	\$200
Medical Doctor (MD).....	\$360

Psychotherapeutic Sessions:

50 minute INDIVIDUAL psychotherapeutic session with a:

Masters level professional.....	\$150
Ph.D level professional.....	\$165
Medical Doctor (MD).....	\$250

50 minute FAMILY psychotherapeutic session with a:

Masters level professional.....	\$160
Ph.D level professional.....	\$175

Medication Management:

20 minute evaluation and medication management performed by a Medical Doctor (MD).....\$180

Medication management performed by a Medical Doctor (MD).....\$130

Medication prescription refill requests will only be processed Monday through Thursday; not on Friday.

Requests received Friday, Saturday, or Sunday will be processed on Monday.

Please have your pharmacy fax requests to 952-435-7705.

Psychological Testing:

Psychological testing performed by a Masters or Ph.D. level professional\$200 per hour

Additional fees for 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.

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

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 health disorder. Thus, if insurance is to be filed, the claim 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 health 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 the insurer and employees of contracted organizations of the insurer 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 wellbeing. 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
- Hennepin County Medical Center Crisis Center — 612-873-3161
- Behavioral Emergency Center, University of Minnesota Medical Center — 612-672-6600

CLIENT RIGHTS

Bill of Rights

Consumers of professional mental health services have the right:

- (1) 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.
- (2) to be informed of the credentials of those by whom they are served;
- (3) to be informed of the cost of professional services prior to receiving those services;
- (4) to privacy as defined by rule and law;
- (5) to be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
- (6) to have access to their records as provided in Minnesota Statutes, section 144.335 subdivision 2; and
- (7) 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 Board 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

Client Services Committee

Clients are invited to contact us with any comments questions or concerns. Please send an e-mail via info@mentalhealthinc.com or a letter attention: Client Services Committee, to the address below.

MidWest Center for Personal & Family Development

Court International Building
Suite 435S
2550 University Avenue W
Saint Paul, MN 55114-1096

Phone: 651-647-1900
Fax: 651-647-1861





Notice of Privacy Practices

Revised 4/2010

OUR PLEDGE

The privacy of your health information is important to us. We are required by law to protect the privacy of your health information. We must give you notice of our legal duties and privacy practices concerning "protected health information" or "PHI" including:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in the Notice.
- We must abide by the terms of this Notice

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain. We will post a revised notice in our offices, make copies available to you upon request and post the revised notice on our website.

Minnesota Patient Consent for Disclosures

For Most Disclosures of your health information we are required by State of Minnesota Laws to obtain a written consent from you, unless the disclosure is authorized by Law. This consent may be obtained at the beginning of your treatment, during the first delivery of health care service, or at a later point in your care, when the need arises to disclose your health information to others outside of our organization.

Uses and Disclosures

A. For Purposes of Treatment, Payment, Health Care Operations

Health Care Treatment. We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing the delivery of health services with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

Payment. We may use and disclose your medical information to others to bill and collect payment for the treatment and services provided to you. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following: **1)** Billing departments; **2)** Collection departments or agencies; **3)** Insurance companies, health plans and their agents which provide you coverage; **4)** Utilization

review personnel that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and 5) Consumer reporting agencies (e.g., credit bureaus).

Health Care Operations. We may use and disclose PHI in performing business activities, which we call "health care operations". For example: Members of our staff such as the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Our Business Associates. There are some services provided in our organization through contacts with business associates. Examples include physician services in the Emergency Department and Radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to sign a contract ensuring their commitment to protect your PHI consistent with this Notice and to appropriately safeguard your information.

B. Requiring Your Authorization

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization, different from the Minnesota Patient Consent, to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

- **Research:** We may disclose information to external researchers with your authorization, which we will attempt to collect in a manner consistent with applicable state laws.
- **Marketing:** We will not be able to use or disclose your name, contact information or other PHI for purposes of marketing without your written authorization. This does not include informing you about treatment alternatives or other health related products or services that may be of interest to you.

C. Require Your Opportunity to Agree or Object

In the following instances we will provide you the opportunity to agree or object to a use or disclosure of your PHI:

- **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
- **Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call our contact person listed on the cover page of this Notice.

D. Authorized by Law that Do Not Require Your Consent, Authorization or Opportunity to Agree or Object

Under certain circumstances we are authorized to use and disclose your health information without obtaining a consent or authorization from you or giving you the opportunity to agree or object. These include:

- When the use and/or disclosure is authorized or required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed

to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner, consistent with applicable laws, to carry out their duties.
- When the use and/or disclosure relates to products regulated by the Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
- When the use and/or disclosure relates to cadaver organ, eye or tissue donation purposes. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- When the use and/or disclosure relates to Worker's Compensation information: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

Your Individual Rights

A. To Request Restrictions on Uses and Disclosures of PHI

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by submitting your request in writing to us. We will notify you if we are unable to agree to your request.

B. To Request Communications via Alternative Means or to Alternative Locations

Periodically, we will contact you by phone, email, postcard reminders, or other means to the location identified in our records with appointment reminders, results of tests or other health information about you. You have the right to request that we communicate with you through alternative means or to alternative locations. For example, you may request that we contact you at your work address or phone number or by email. While we are not required to agree

with your request, we will make efforts to accommodate reasonable requests. You must submit your request in writing.

C. To See and Copy PHI

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

D. To Request Amendment of PHI

You have the right to request that we make amendments to clinical, financial and other health-related information that we maintain and use to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment and, when appropriate, provide supporting documentation. We may deny your request if: **1)** the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); **2)** the information is not part of the records used to make decisions about you; **3)** we believe the information is correct and complete; or **4)** you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

E. To Request and Accounting of Disclosures of PHI

You have the right to a listing of certain disclosures we have made of your PHI. You must request this in writing. You may ask for disclosures made up to six years before the date of your request (not including disclosures made prior to April 14, 2003). The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

F. To Receive a Copy of This Notice

You have the right to request and receive a paper copy of this Notice at any time. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services or when the first contact is not in person, and then we will provide the Notice to you as soon as possible). We will make this Notice available in electronic form and post it in our web site.

Questions or Complaints

If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Official. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may file a complaint with our Privacy Official. You can also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Office Contact Information:

Address:
2550 University Ave W, Suite 435 S
Saint Paul MN 55114

Telephone: 651-647-1900
Fax: 651-647-1861

MISSED APPOINTMENTS:

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

To change your appointment, please call:

- For appointments in the St. Paul and Anoka offices call: 651-647-1900
- For the Burnsville office call: 952-435-8814
- For the Calhoun office call: 612-225-6990
- For the Edina office call: 952-929-3103
- For the White Bear Lake office call:
651-426-3071
- For the Woodbury office call: 651-264-0402