Consent for Treatment

I affirm that I have read and understand the policy statements detailed in the document *Mankato Mental Health Associates, P.A., Informed Consent Information* (revised January 2016), and am hereby requesting and consenting to mental health treatment including counseling and/or psychiatric medication management services.

I, ___________________________ hereby request mental health services from Mankato Mental Health Associates, P.A. and understand and agree to all practices as described in the aforementioned document. I understand that receipt of these services is fully voluntary and that I may withdraw this consent and terminate services at any time, for any reason.

CLIENT SIGNATURE ___________________________ DATE __________

WITNESS SIGNATURE ___________________________ DATE __________

Guardian Consent for Treatment

I hereby authorize Mankato Mental Health Associates, P.A. to provide

______counseling/psychotherapy

______psychiatric medication management, including consent for neuroleptic medications if deemed necessary and appropriate by the provider

services for ___________________________, for whom I am the parent or guardian. In my role as parent/guardian I agree to participate as an active member of the treatment team and will make myself available for consultation with the mental health provider as requested to ensure that treatment interventions are implemented in a timely fashion to ensure optimal treatment outcomes.

PARENT or GUARDIAN SIGNATURE ___________________________ DATE __________

WITNESS SIGNATURE ___________________________ DATE __________
Informed Consent Information

Your decision to seek mental health services was undoubtedly a serious one arrived at after considerable thought. Whether you were referred to us by your medical provider, urged to seek counseling by family or friends, or came because of problems and feelings only you know about, the decision to come here was yours. We congratulate you on taking this important step forward on your path to mental health recovery and are honored that you are considering our clinic as your service provider.

The information below details the procedures and policy guidelines in place at Mankato Mental Health Associates, P.A. Clients requesting services are asked to read this information and to provide a signature that attests to your understanding and agreement with these policies and procedures.

ELIGIBILITY FOR SERVICES

Our services are available to all individuals whether self-pay, insurance or medical assistance is the payer.

AVAILABLE SERVICES

- **Individual, group, couples and family counseling.** If it is our assessment that your treatment needs are outside the scope of services offered at this clinic we will be happy to assist with referral to an alternate mental health provider. Psychological testing services are also available if this is recommended by the mental health professional. These services are available for children, adolescents and adults. There are no eligibility requirements for therapy. People may refer themselves for help or they may be referred by a physician, minister, school principal, attorney, employer, friends or family. Our mental health professionals have expertise in treatment of many mental health difficulties including, but not limited to, the following:

  - Adult, Adolescent, Child Therapy
  - Individual, Group, Family Therapy
  - Marriage, Couples, Life Partner Therapy
  - Dual Diagnosis (concurrent substance abuse and mental health) Treatment
  - Alcohol and Drug Abuse Follow-up
  - Depression
  - Stress Management
  - Grief and Loss
  - Mediation
  - Custody, Property and Company Issues
  - Animal Companion Loss
  - Relationships, Family of Origin Issues
  - Anxiety and Coping Difficulties
  - Post-Traumatic Stress Disorder and Trauma Related Problems
  - Psychological, Personality, Intellectual Assessment
Sexual Assault, Sexual Abuse, Sexual Harassment Victim Support and Counseling
Attention Deficit Hyperactivity Disorder
Anorexia, Bulimia, Compulsive Behavior, Overeating, Binge Eating Disorders
Gay, Lesbian, Bisexuality, Transgender Mental Health Issues
Adjustment or Phase of Life Problems

- **Psychiatric medication management services.** These services are provided by a board-certified Family Psychiatric Mental Health Nurse Practitioner as part of our holistic approach to mental health recovery. Should your medical condition be of complexity beyond the scope of a nurse practitioner you will be provided referral information for a psychiatrist to further evaluate your treatment options. Currently these services are available for adolescents age 14 and older and adults.

**CONFIDENTIALITY**

All communication between client and provider will be held in confidence and will not be revealed to anyone unless you (or a parent or guardian if you are under 18) give written authorization to release the information. Our treatment team meets weekly for consultation and your case may be discussed to provide the best care possible.

**PLEASE NOTE:**
There are legal and ethical exceptions to confidentiality which require that the provider take responsible action:

A. When there is a clear and present danger of harm to yourself or another person. In these circumstances, we are legally required to take action to protect life. Thus our actions in these circumstances may include arranging for voluntary or involuntary hospitalization, as well as notifying law enforcement authorities and/or family/friends/individuals at risk.
B. In the case of apparent child abuse or abuse of a vulnerable adult. In this circumstance, we are legally required to report the abuse to child protection services, law enforcement, or other appropriate county and/or state authorities.
C. In the event you are pregnant and a provider has reason to believe you are using a controlled substance (i.e. a drug) for non-medical purposes, state law requires that this be reported to child protection services or to other appropriate county and/or state authorities.
D. In the event of a court order compelling that information be released.
E. In the case of an emergency.
F. When it otherwise must be reported by law.

**RECORDS**

Records and treatment summaries are maintained for a minimum of five years after which time they are destroyed. Upon written request, within that time period we will provide a copy of your treatment summary and/or pertinent portions of your record to another mental health care provider or physician of your choice. If you request release of information to any other entity, we may request personal contact with you in addition to the written release. When release of records creates a safety risk for any individual or entity the law provides for restriction of records release based on an evaluation of the individual situation.

**THE PROCESS**

- **Counseling** - a process by which people who are dissatisfied with some aspects of their lives enter into a relationship with a trained professional to gain greater insight into their situation and to develop more effective ways of responding to life experiences. The function of Mankato Mental Health Associates is to
help you resolve problem areas in your life. Your therapist will be an understanding person who is interested in helping you work through your emotional distress. It is the function of the therapist to listen, understand, and to be helpful to the fullest extent of his or her professional training. It is your responsibility to help the therapist understand your life situation, thoughts, feelings and to have the courage to try to master problem areas. Counselors do not give advice or make decisions for their clients: rather they ask questions and make comments to help you understand yourself more fully, make your own choices and become more self-reliant. The counseling process may entail emotional pain, stress and life change. Although counseling helps most people, it is not always or completely effective.

- **Psychiatric medication management** – for some people psychiatric medications can play a beneficial role in mental health recovery. This process includes an initial evaluation of psychiatric symptoms and treatment goals, medical history, psychosocial stressors, lifestyle choices, substance use/dependence, and previous medication trials. The provider will also access history of prescriptions that you have filled from other providers in order to ensure that drug interactions are monitored. By participating in medication management services you are authorizing the provider to obtain external prescription information by any means, including electronic. If it seems that medications may be of assistance the Nurse Practitioner will work with you to create a medication plan that optimizes benefit while minimizing potential adverse medication effects. As with any medication, those medications used for treatment of mental health symptoms carry both the possibility of great benefit and the risk of adverse effects. While your provider will review these risks and benefits with you, it is impossible to predict how any individual will react to a particular medication and it is always the patient’s decision which, if any, medications they are interested in utilizing.

**Our clinic does not offer after hours mental health crisis management services.** As part of your mental health treatment plan, community options for mental health crisis management will be discussed on an individual basis. We encourage you to utilize the following resources should you require mental health assistance after normal business hours.

South Central Crisis Center 24 hour Crisis/Warm Line 1-877-399-3040 or (507) 344-0621

911

Your nearest emergency room

**CHANGING/FAILED APPOINTMENTS**

If it is necessary to change or cancel your appointment, please call the office at least 24 hours in advance. However, we want to stress that a casual attitude toward keeping appointments can significantly hinder the therapeutic process. If you fail to attend a scheduled appointment or cancel less than 24 hours in advance you may be charged a $40 fee as that time was reserved for you on your provider’s schedule. Health insurance plans do not pay for failed appointments and you may be responsible for this fee.

**GIFTS**

Because this is a professional relationship gifts cannot be accepted by mental health providers.

**THERAPY DOG**

Please be aware that we have a therapy dog in the office on most Tuesdays and Fridays. He may at times greet our clients and hang out in the waiting area, although he spends most of his time in Marlae’s office. If you have
allergies or are not comfortable with dogs, please inform your provider so you can be scheduled on other days. Therapy dogs are required to be up to date on all their vaccinations, copies can be made available upon request.

SERVICE ANIMALS

Service animals are permitted in our office by law. Per Minnesota law, service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities that are directly related to the person's disability. Service animals are working animals, not pets. A dog whose sole function is to provide comfort or emotional support does not qualify as a service animal. In order to meet the needs of all individuals for whom we provide services, it is the policy of this clinic that all animals other than those meeting the statutory definition of Service Animal are not permitted.

If you would like additional information regarding definitions and rights, please reference the following website: https://mn.gov/mdhr/yourrights/what-is-protected/service-animals/

SOCIAL MEDIA POLICY

Never use social media, email, text message, or voice mail to notify us that you are having a mental health emergency. If you are having a mental health emergency call 911 or go to the nearest emergency department.

Please read the following to understand how we conduct ourselves on the Internet as mental health professionals and how you can expect us to respond to various interactions that may occur between us on the Internet. If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when we need to update this policy. If we do so, we will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

FRIENDING

We do not accept friend or contact requests from current or former clients on any Social networking site (Facebook, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

ELECTRONIC COMMUNICATION

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook or Linkedin to contact us. These sites are not secure and we may not read these messages in a timely fashion. Do not use Wall postings, @replies or other means of engaging with us in public online if we have an already established client/therapist relationship. Engaging with us this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact us between sessions, the best way to do so is by phone. Direct email at mmha@hickorytech.net is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

BUSINESS REVIEW SITES
You may find our clinic on sites such as Yelp, Healthgrades, Yahoo, Local, Bing or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that our listing is NOT a request for a testimonial, rating or endorsement from you as our client. The American Psychological Association’s Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: “Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.” Of course, you have a right to express yourself on any site you wish. But due to confidentiality, we cannot respond to any review on any of these sites whether it is positive or negative. We urge you to take your own privacy as seriously as we take our commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with us about your feelings about our work, there is a good possibility that we may never see it. If we are working together, we hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that we cannot tell people that you are our client and our Ethics Code prohibits us from requesting testimonials. You are more than welcome to tell anyone you wish that we are your therapist or how you feel about the treatment we provided to you in any forum of your choosing. If you do choose to write something on a business review site, we hope you will keep in mind that you may be sharing personally revealing information in a public forum. We urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you feel we have done something harmful or unethical and you do not feel comfortable discussing it with your mental health provider directly, you can contact the Board of Psychology, the Board of Marriage and Family Therapy, the Board of Nursing, or the Board of Behavioral Health and Therapy, which oversee licensing and they will review the services we have provided.

EMAIL

We prefer using email only to arrange or modify appointments. Please do not email us content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with us by email, be aware that all emails are retained in the logs of your and our Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails we receive from you and any responses that we send to you become a part of your legal record.
PAYMENT POLICY

CHARGES AND FEES

You are responsible to check with your insurance about coverage for outpatient mental health services. It is your responsibility to pay the co-pay or coinsurance for each visit at the time of the appointment. Depending on your insurance plan you may be responsible to pay a portion of the fees associated with the services we provide to you.

You can set up a monthly payment plan with our Business Manager by completing the necessary Financial Payment Form. If your account is six months past due after your insurance has made payment your account will be sent to an outside Collection Agency. The only information released to the collection agency is your name, address, phone number, and amount due.

As our mission is to help you improve the quality of your life we deeply regret these actions. Please communicate with your provider or the Business Manager if you are having difficulty making payment so that arrangements can be made to avoid collection activities.

Current Fees for Psychotherapy/Counseling Services:

Initial Psychological Intake—$300
Individual Therapy (30 Minutes)—$100
Individual Therapy (45 Minutes)—$150
Individual Therapy (60 Minutes)—$200
Family/Couples Therapy—$200
With Two Therapists—$320.00
Group Therapy—$85.00
Consultation—$350.00/hour
Interactive Complexity Add-on—$25.00 (this may be billed in more complicated therapy sessions, including using translation services, EMDR, or play therapy)
Psychological Tests—billed on a per test basis
Paperwork (e.g., court, disability hearings, and similar needs)—$350/hour

Current Fees for Medication Management Services:

Medication management rates are based on Evaluation and Management Coding as mandated for use in 2013 by the American Medical Association and are based on the complexity of factors involved in your care and/or time spent with the provider. Rates range as follows:

New Client: $90.00/$150.00/$230.00/$350.00/$420.00
Established Client: $50.00/$90.00/$140.00/$190.00/$270.00

It is our goal to provide you with compassionate and skilled mental health services. Your understanding and adherence to the above guidelines will help us to provide you with the best possible care. If you have questions or concerns about any of the above information, please discuss them with your mental health provider.