



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 True Balance Ltd. 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.

What are Psychological Services/Therapy/Counseling?

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you bring forward. There are many different methods your therapist may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things you talk about both during sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what the work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your therapist.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about any procedures, you should discuss them whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

ELIGIBILITY FOR SERVICES

Our services are available to all individuals whether self-pay, insurance or medical assistance is the payer. Our services will not discriminate on the basis of ability to pay, age, gender, race, sexual orientation, creed, religion, disability, or national origin. Prevention, diagnosis, and treatment of mental health are the main purpose of our services. Our team of multi licensed staff are ready to assist you with services or connect you with appropriate referrals.

AVAILABLE SERVICES

- **Individual, group, couples and family counseling.**

If it is our assessment (in an initial intake session) 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. At our intake, we will review your concerns and determine with you if our agency is the appropriate fit for your needs or if outside referrals are needed. We may also refer you for further assessment or evaluation. Psychological and Neuropsychological testing services are also available if

this is recommended by a mental health professional or Primary Care provider. 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, physician, 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
- Autism
- 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
- Neuropsychological, 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 children ages 5 and older and adults.

OUR LOCATIONS:

You are welcome to access our services in our Little Falls or Cold Spring offices.

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 True Balance Ltd 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 the patient’s decision which, if any, medications they are interested in utilizing.
 - You are able to access medication management through our provider if you are an active participant in therapy (for a minimum of three session prior to service access) or if you have completed therapy with your provider (your provider will need to attest to this) and need to maintain your current prescription.
 - Medication for Attention Deficit symptoms will not be prescribed without appropriate psychological or neuropsychological testing.
 - Our prescriber may or may not decide to continue your current medications if you choose to transition providers.
 - Our prescriber will act within the scope of his or her practice in the prescription of medications and medication management.
 - Our prescriber may need you to complete outside lab work as part of your treatment. This is done at your expense. Failure to complete may result in our prescriber not being able to treat you.
 - Our prescriber may recommend that you complete metabolic testing as part of your medication program. This is at your expense.
 - Our prescriber may recommend a higher level of care as needed. This can include but is not limited to: Care by a psychiatrist, Care by a specialist team for severe and persistent mental health conditions, Inpatient care, 72 holds, and hospital admission.

Crisis Management Services

Our clinic does 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.

Client Rights Notification

As a recipient of services at our facility, we would like to inform you of your rights as a patient. The information contained your rights and the process of complaining if you believe your rights have been violated.

Your rights as a patient:

1. Complaints. We will investigate your complaints. An internal review of your complaint and file will be completed by the therapist’s supervisor and internal complaint review personnel. If you would like the name and number of our licensing boards, they will be provided to you.
2. Suggestions. You are invited to suggest changes in any aspect of the services we provide.
3. Civil Rights. Your civil rights are protected by federal and state law
4. Cultural/spiritual/gender Issues. You may request services from someone with training or experiences from a specific cultural, spiritual, or gender orientation. If these services are not available, we will help you in the referral process.
5. Treatment. You have the right to take part in formulating your treatment plan.
6. Denial of services. You may refuse services offered to you and be informed of any potential consequences.

7. Record restrictions. You may request restrictions on the use of your protected health information; however, we are not required to agree with the request.
8. Availability of records. You have the right to obtain a copy and/or inspect your protected health information; however we may deny access to certain records in which we will discuss this decision with you.
9. Amendment of records. You have the right to request an amendment in your records; however, this request could be denied. If denied, your request will be kept in the records.
10. Medical/Legal Advice. You may discuss your treatment with your doctor or attorney.
11. Disclosures. You have the right to receive an accounting of disclosures of your protected health information that you have not authorized.
12. Pets: Services animals that are trained to provide a specialized service are allowed provided that they are under control of their handlers at all times and provide no health or safety risk to other patients. Pets and emotional support animals are not. Animals shall be in control of their handler at all times. Animal shall be safe and free of transmittable disease, parasites, and shall be clean.

Your rights to receive information

1. Medications used in your treatment. We will provide you with information describing any potential risks of medications prescribed at our facility.
2. Costs of services. We will inform you of how much you will pay (please see below).
3. Termination of services. You will be informed as to what behaviors or violations could lead to termination of services at our clinic.
4. Confidentiality. You will be informed of the limits of confidentiality and how your protected health information will be used.
5. Policy changes.

Patient's responsibilities

1. You are responsible for your financial obligations to the clinic as outlined in the Payment Contract for Services.
2. You are responsible for following the policies of the clinic.
3. You are responsible to treat staff and fellow patients in a respectful, safe, cordial manner in which their rights are not violated. If you are a danger to yourself or a danger to others the police or other safety personnel may be called.
4. You are responsible to provide accurate information about yourself and/or your minor child under your care.
5. Therapy can have many benefits. However it is not effective for everyone and can exacerbate conflict and negative feelings as well. You may not always agree with or like your therapist. They may upset you or a family member at times. Change is often uncomfortable. Please discuss this with your therapist when these concerns or challenging feelings arise. Therapy can assist in change, but may not provide the outcome that you initially want.
6. You are responsible to arrive on time for your or your child's appointment.
7. In the case of minor children: You are responsible to supervise your child at all times. Parents are responsible for waiting for their minor child before, during and after appointments. Exceptions may be made for children over the age of 16 that are able to transport themselves to and from appointments.

Pickup and drop-off policies :

The True Balance office is not able to accommodate children outside of a scheduled appointment time.

Unattended children in the waiting room can represent a safety issue, as no supervision is available during this time. Parents and guardians are asked to arrive *no earlier than five minutes* before their child's appointment. **You will need to stay the entire time.** We do not offer childcare services.

Consent to Treatment and Recipient's Rights

You have voluntarily entered into treatment, or give your consent for the minor or person under my legal guardianship mentioned above with True Balance LTD hereby referred as the Center. Further, you consent to have treatment provided by a psychiatrist, psychologist, social worker, counselor, or intern in collaboration with his/her supervisor. The rights, risks and benefits associated with the treatment will be explained. You understand that the therapy may be discontinued at any time by either party. The clinic encourages that this decision be discussed with the treating therapist. Should you file a complaint with a licensing board or compliance board or note to your therapist that you have/will file a complaint, you or your child's file will be subject to review by the immediate supervisor of the therapist. This will be noted in your client chart.

Non-Voluntary Discharge from Treatment:

A client may be terminated from the Center non-voluntarily, if:

- A) the client exhibits physical violence, verbal abuse, carries weapons, harassment of staff or providers, or engages in illegal or grossly unsafe acts at the clinic, and/or
- B) the client refuses to comply with stipulated program rules or boundaries, refuses to comply with treatment recommendations,
- C) is demonstrating needs outside of the providers competency (at which time appropriate referrals will be made)
- D) the provider is no longer able to treat the client due to conflicts of interest, moral conflicts, or treatment is no longer effective or
- E) does not make payment or payment arrangements in a timely manner.

The client will be notified of the non-voluntary discharge by letter and appropriate referrals for continued care will be made. The client may appeal this decision with the Clinic Director or request to re-apply for services at a later date.

Social Media

1. Friending

We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends or contacts on these sites can compromise your confidentiality and respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist. You are welcome to view the Facebook Page of True Balance Counseling and read or share articles posted there, but we do not accept clients as Followers of this Page. Having clients as Facebook friends creates a greater likelihood of compromised client confidentiality and it is best to be explicit to all who may view the list of Fans/people who like the page.

2. Interacting

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact. These sites are not secure and messages are not read in a timely fashion. Do not use Wall postings, @replies, or other means of engaging in a public online manner if we have an already established client/therapist relationship. Engaging 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 your therapist between sessions, the best way to do so is by phone or through our secure online patient portal.

3. Business Review Sites

You may find us 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 the listing is NOT a request for a testimonial, rating, or endorsement from you as a client.

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, we will not respond to any review on any of these sites. 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 your therapist about your feelings about your work, there is a good possibility that they may never see it. We hope that you will bring your feelings and reactions to our work directly.

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.

4. Location-Based Services

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. We no longer place our practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at our office on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” or if you have a passive LBS app enabled on your phone.

5. Email

Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my 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 I receive from you and any responses that I send to you become a part of your legal record.

You are encouraged to contact your therapist via our secure email system through our patient portal.

GIFTS

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

Therapy Animals and Equine Facilitated Therapy

Please be aware that we have a therapy dog in the office on most days. They may greet our clients and hang out in the waiting area, although they spends most of their time with providers and clients in their offices. If you have allergies or are not comfortable with dogs, please inform your provider so appropriate steps may be taken. Therapy dogs are required to be up to date on all their vaccinations.

We also offer Equine Assisted Therapy. Please be aware of the inherent risks associated with work with large animals. We ask you to review the below release of liability.

Release from Liability

This **RELEASE FROM LIABILITY** is made and end entered into by and between TRUE BALANCE, LTD/ **True Balance Farm LLC** , 16016/15920 233rd Street Little Falls, MN 56345 and any/all officials, directors, owners, and employees associated with the same, hereinafter designated as “True Balance”/ True Balance LTD and Therapy Participant, hereinafter designated “Client.” If Client is a minor, their parent or guardian assumes responsibility for the minor.

In return for the use, today and on all future days, of property, facility, and services of True Balance, LTD, the Client, his/her heirs, assigns, and legal representatives hereby expressly agree to the following:

1. **CLIENT UNDERSTANDS THERE ARE RISKS IN AND AROUND EQUINE & PET ASSISTED ACTIVITIES AND TRUE BALANCE LTD, AND THAT TRUE BALANCE LTD IS NOT LIABLE FOR ANY INJURY TO OR DEATH OF A CLIENT RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES AND FACILITIES.**
2. **CLIENT AGREES TO ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM THEIR USE OF OR PRESENCE UPON TRUE BALANCE LTD’s PROPERTY AND FACILITY**

including with out limitations but not limited to: the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects; fire or explosion, the unavailability of emergency medical care (with the exception of 911), and/or negligence and/or deliberate acts of other persons.

3. **Client is responsible for full and complete insurance coverage on his or her horse, personal property, and self.**
4. Client agrees to hold True Balance LTD and all successors, assigns, subsidiaries, franchises, officers, directors, owners, employees, and agents completely harmless and not liable and release them from all liability whatsoever and agree not to sue True Balance LTD and all successors, assigns, subsidiaries, franchises, officers, directors, owners, employees, and agents on account of or in connection with any claims, causes, actions, injuries, damages, costs, and/or expenses arising out of the Client's use of or presence upon True Balance LTD property and facilities including without limitation those based on death, bodily injury, property damage, consequential damages, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects; fire or explosion except if the damages are cause by direct and wanton gross negligence of True Balance LTD.
5. Client agrees to waive protection afforded by any statute or law in any jurisdiction whose purpose, substance, or effect is to provide a general release shall not extend to claims, material or otherwise, which person giving release does not know or suspect to exist at the time this release is signed.
6. Client agrees to indemnify and defend True Balance LTD against and hold harmless from any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arises from their use of or presence on True Balance LTD Property or Facilities.
7. True Balance LTD reserves the right to refuse or revoke entry and/or occupancy of any client at any time.

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/>

Records :

Records and treatment summaries are maintained for a minimum of 8 years after which time they are destroyed. This time limit begins at age 18 for minors. Our records are stored at our main office in Little Falls and all requests for records should be sent to this location. Upon receipt of a valid written request we will provide a response to your request (within 10 business days). This response may be a call to you, a letter referencing your records and next steps to receive records, or 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.

This agency consults and reviews client files. You consent to consultation with therapists inside of True Balance Counseling for the purposes of records audits as required by the state, supervision, and/or case consultation. Consultation will be noted in your client chart and shall include the purpose of the consult/review and what was reviewed in your file.

Client sessions are confidential and we do not allow videotaping or audiotaping of sessions by the client. We will ask for your explicit and writing consent to tape sessions for supervision purposes if needed.

Client Notice of Confidentiality & Limits to Confidentiality:

The confidentiality of patient records maintained by the Center is protected by Federal and/or State law and regulations. Generally, the Center may not say to a person outside the Center that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless:

- 1) the patient consents in writing,
- 2) the disclosure is allowed by a court order,
- 3) the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.
- 4) To a referring provider as allowed by HIPAA, or
- 5) To your primary care or collaborating provider as allowed by HIPAA.

Federal and/or State law and regulations do not protect any information about a crime committed by a patient either at the Center, against any person who works for the program, or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under Federal and/or State law to appropriate State or Local authorities.

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is the Center's duty to warn any potential victim, when a significant threat of harm has been made. In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records with appropriate legal documentation. Professional misconduct by a health care professional must be reported by other health care professionals, in which related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about client, not clinical information.

Client data of clinical outcomes may be used for program evaluation purposes, but individual results will not be disclosed to outside sources.

In general, the privacy of all communications between a patient and a psychologist/therapist is protected by law, and I can only release information about our work to others with your written permission, unless as otherwise noted above.

1. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.
2. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child [elderly person, or disabled person] is being abused, I must [may be required to] file a report with the appropriate state agency.
3. If I believe that a patient is threatening serious bodily harm to another, I am [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
4. Any evaluation, treatment, or reports ordered by, or done for submission to a third party such as a court or a school is not entirely confidential and will be shared with that agency with your specific written permission. Please also note that I do not have control over information once it is released to a third party.
5. All above listed situations and those listed in the following paragraphs.

Case Consultation and Review:

Our therapists often find it helpful to consult other professionals about a case. During a consultation within our agency we may discuss your case in a secure and confidential manner. Our staff meets weekly to discuss cases and gain a more comprehensive view of care, which includes care coordination with our multi discipline team and psychiatric staff. We also conduct inhouse reviews of treatment files yearly. We

are legally bound to keep the information confidential. We will document these consultation in ordinance with The Minnesota Government Data Practices Act and Supervisory statutes.

Minor's Treatment Agreement

In the case of joint legal custody, it is your responsibility to provide True Balance LTD with a copy of your court order that is in effect. Should you fail to provide this, True Balance LTD will operate under the assumption of joint legal custody with no restrictions or limitations. Minnesota is an assumed joint custody state. The State of Minnesota defines Joint Custody as “both parents share the responsibility for making decisions regarding how to raise the child, including the right to participate in major decisions about the child's education, health care, and religious training.” As such parents are often allowed to seek medical services with the other parent being notified but do have the responsibility to make the other parent aware of services provided to the minor child. **The Parent who is consenting to the treatment of their minor child is responsible for notification treatment to the other parent.** The Therapist will make every effort to reach out to both parents should contact information be provided and no therapeutic or legal limitations exist. You are responsible for notifying your co-parent of services and appointments and True Balance LTD will not be involved in the resolution of this matter. Please refer to your court order regarding resolution of these differences. It is your responsibility to provide and update your contact information should it change. Should you not provide this information, we may be unable to reach you.

The general goal of involving children in therapy is to foster their development at all levels. At times, it may seem that a specific behavior is needed, such as to get the child to obey or reveal certain information. Although those objectives may be part of overall development, they may not be the best goals for therapy. The involvement of children and adolescents in therapy can be beneficial to their overall development. Very often, it is best to see them with parents and other family members; sometimes, they are best seen alone. Your therapist will assess which might be best for your child and make recommendations to you. Obviously, the support of all the child's caregivers is essential, as well as their understanding of the basic procedures involved in counseling children.

We will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by the child's therapist.

The issue of confidentiality is critical in treating children. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality (also called privilege); their parents have this right. However, unless children feel they have some privacy in speaking with a therapist, the benefits of therapy may be lost. Therefore, it is necessary to work out an arrangement in which children feel that their privacy is generally being respected, at the same time that parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the child in therapy.

The following circumstances override the general policy that children are entitled to privacy while parents or guardians have a legal right to information.

Confidentiality and privilege are limited in cases involving child abuse, neglect, molestation, or danger to self or others. In these cases, the therapist is required to make an official report to the appropriate agency and will attempt to involve parents as much as possible, with first priority given to the child's safety and welfare.

Now that the various aspects surrounding confidentiality have been stated, the specific agreement between you and your child/children follows:

1. I agree that there should be privacy in my child's therapy sessions, and I agree to allow this privacy except in extreme situations, which I will discuss with the therapist. At the same time, except under unusual circumstances, I understand that I have a legal right to obtain this information.

2. I will do my best to ensure that therapy sessions are attended and will not inquire about the content of sessions. If my child prefers/children prefer not to volunteer information about the sessions, I will respect his/her/their right not to disclose details. Basically, unless my child has/children have been abused or is/are a clear danger to self or others, the therapist will normally tell me only the following:
 - a. whether sessions are attended
 - b. whether or not my child is/children are generally participating
 - c. whether or not progress is generally being made
3. The normal procedure for discussing issues that are in my child's/children's therapy will be joint sessions including my child/children, the therapist, and me and perhaps other appropriate adults. If I believe there are significant health or safety issues that I need to know about, I will contact the therapist and attempt to arrange a session with my child/children present. Similarly, when the therapist determines that there are significant issues that should be discussed with parents, every effort will be made to schedule a session involving the parents and the child/children. I understand that if information becomes known to the therapist and has a significant bearing on the child's/children's well-being, the therapist will work with the person providing the information to ensure that both parents are aware of it. In other words, the therapist will not divulge secrets except as mandated by law, but may encourage the individual who has the information to disclose it for therapy to continue effectively.
4. Minors must be accompanied by adults and attended to at all times. True Balance does not assume responsibility for your minor child.

Safe Harbor. In order to effectuate the stated goal, the parties acknowledge the importance of the therapist's office being a safe harbor—a place where the children can be truthfully assured that what they say will not be disclosed to third parties without their consent. Per MN Administrative Rules, Chapter 5300.0350, Licensed Marriage and Family Therapist Code of Ethics, Subpart 4, A and C, our therapists are unable to provide 'belief' or 'opinion' recommendations regarding custody. Your therapist is not a trained custody evaluator.

Agreement. To create the safe harbor for children, the Parties shall agree as follows:

A. Neither parent shall nor will either parent request permission to access the child(ren)'s therapy record or notes of the therapist.

B. Neither parent shall, nor will either parent permit his or her attorney to subpoena the child(ren)'s therapy records or notes of the therapist.

C. This safe harbor agreement does not preclude either parent or his or her attorney from issuing a subpoena to the child(ren)'s therapist for the purpose of having the therapist share treatment goals, impressions, or recommendations with the Court.

D. This safe harbor agreement does not apply to the required disclosures under Mandated Reporting.

E. Any party, or his or her therapist, who seeks to interrogate or subpoena the therapist regarding the **content** of the child(ren)'s therapy shall be liable for all attorney fees and costs incurred to resist answering discovery requests or to quash any subpoena not consistent with above and will be expected to pay for all of our professional time, including preparation and transportation costs.

Financial Policy and Payment Contract

The Person Responsible for Payment of Account is required to sign this form which explains the fees and collection policies of the clinic (consent) prior to the initiation of services.

Your insurance policy, if any, is a contract between you and the insurance company; we are not part of the contract with you and your insurance company.

As a service to you, the clinic will bill insurance companies and other third-party payers, but cannot guarantee such benefits or the amounts covered, and is not responsible for the collection of such payments. In some cases insurance companies or other third-party payers may consider certain services as not reasonable or medically necessary or may determine that services are not covered.

In such cases the Person Responsible for Payment of Account is responsible for payment of these services. We charge our clients the usual and customary rates for the area. Clients are responsible

for payments regardless of any insurance company's arbitrary determination of medical necessity or of usual and customary rates.

Insurance deductibles and co-payments are due at the time of service. Payments, co-payments, and deductible amounts are due at the time of service. All services that are not paid within 90 days will be sent to collections unless payment arrangements are made.

Although it is possible that mental health coverage deductible amounts may have been met elsewhere (e.g., if there were previous visits to another provider since January of the current year that were prior to the first session at the clinic), this amount will be collected by the clinic until the deductible payment is verified to the clinic by the insurance company or third-party provider.

All insurance benefits will be assigned to this clinic (by insurance company or third-party provider) unless the Person Responsible for Payment of Account pays the entire balance each session. Your insurance company may not pay for services that they consider to be non empirically based, not medically or therapeutically necessary, or ineligible (not covered by your policy, or the policy has expired or is not in effect for you or other people receiving services). ***If the insurance company does not pay the estimated amount or refuses services as not medically necessary, you are responsible for the balance.***

When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about client, not clinical information. The Person Responsible for Payment will be financially responsible for payment of such services not paid by insurance companies or third-party payers after 30 days.

Payments not received after 90 days are subject to collections. There is a 1% per month (12% Annual Percentage Rate) interest charge on all accounts that are not paid within 30 days of the billing date.

The Person Responsible for Payment of Account agrees to promptly pay invoices. If the Person Responsible for Payment of Account does not, they agree to pay collection costs and attorneys fees incurred to collect payment of overdue invoices and interest allowed by law.

True Balance Ltd does not act as a credit agency. By reading this document and consenting to treatment the Person Responsible for Payment of Account recognizes this and accepts full financial responsibility. The Person Responsible for Payment of Account consents that they are not currently in Bankruptcy proceedings and notes that True Balance Ltd will not be named in Bankruptcy proceedings as a creditor or other party. The Person Responsible for payment of Account waives right to dismiss payment of this account by any Bankruptcy proceeding in any United States State or Federal Court.

Release of Information Authorization to Third Party (Insurance Companies/Payment providers)

In providing your insurance information to True Balance Ltd you are consenting for True Balance Ltd to disclose case records (diagnosis, case notes, psychological reports, testing results, or other requested material) to the above listed third-party payer or insurance company for the purpose of receiving payment directly to True Balance LTD .

In providing your insurance information to True Balance Ltd you understand that access to this information will be limited to determining insurance benefits, and will be accessible only to persons whose employment is to determine payments and/or insurance benefits. In providing your insurance information to True Balance Ltd understand that you may revoke this consent at any time by providing written notice. Failure to provide ongoing insurance information will result in full charges being billed to the patient or custodian.

FEES:

A cash rate reduction is available for services that are paid ON THE DATE OF SERVICE only.

A sliding fee schedule is available for services. This is based on your proven income. You will need to provide proof of income each month to maintain eligibility for this service. You will need to complete an application and income affidavit prior to services beginning to be eligible for this fee schedule. If you miss or no show an appointment this voids your eligibility for the sliding fee schedule.

Missed appointments or cancellations less than 24 hours prior to the appointment are charged at the rate noted.

Mental Health Counseling Services Fees

- Initial Psychological Intake—\$325
- Individual Therapy (30 Minutes)—\$200
- Individual Therapy (45 Minutes)—\$225
- Individual Therapy (60 Minutes)—\$250
- Family/Couples Therapy(45 Minutes)—\$225
- Group Therapy—\$150.00
- Consultation—\$350.00/hour
- Interactive Complexity Add-on—\$35.00 (this may be billed in more complicated therapy sessions, including using translation services, EMDR, or play therapy)
- Supplemental Psychological Tests—billed on a per test basis

Neuropsychological & Psychological Testing Fees

A fee of \$ 250.00_ is charged for Psychological Testing (per hour). The fee for testing includes scoring and report-writing per hour. Psychological testing will take place over a period of several days. **Charges will be incurred for face to face administration time as well as time to score, interpret and report the results of the administration.** Average time for a psychological evaluation is 10-15 hours. The first copy of this report are included in this fee. Subsequent copies will be charged at the subsequent records retrieval rate. Payment for subsequent requests will be due prior to records being released.

A fee of **100.00** is charged for testing materials related to Psychological and Neuropsychological Assessment. This fee will be charged one time for each evaluation and is NOT billable to insurance.

A fee of \$ 350.00_ is charged for Neuropsychological Testing (per hour). The fee for testing includes scoring and report-writing per hour. Neuropsychological testing will take place over a period of several days. **Charges will be incurred for face to face administration time as well as time to score, interpret and report the results of the administration and associated records.** Average time for a neuropsychological evaluation is 20-30 hours. The first copy of this report are included in this fee. Subsequent copies will be charged at the subsequent records retrieval rate. Payment for subsequent requests will be due prior to records being released.

A flat fee of **100.00** is charged for testing materials related to Psychological and Neuropsychological Assessment. This fee will be charged one time for each evaluation and is NOT billable to insurance.

Current Fees for Medication Management Service Fees:

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:	\$125.00/\$175.00/\$225.00/\$325.00/\$400.00
Established Client:	\$100.00/\$150.00/\$200.00/\$225.00/\$300.00

Court Ordered Services (in conjunction with Balanced Mediation Services LLC)

Court ordered services are Often not covered by your health plan. Services such as Anger Management, Domestic Violence, Parenting Capacity Assessment, and court ordered psychological evaluation are non-covered services. You will be charged a **nonrefundable flat fee** according to the following schedule:

- Anger Management Group (available 6 times yearly): (16 hour) \$ 800.00
- Domestic Violence Program (available 6 times yearly): (36 hour) \$ 1400.00
- Parenting Capacity Assessment: \$2400.00
- Court Ordered Psychological Evaluation: \$2500.00 (includes IQ, Personality, and Interview)
- Reunification Therapy: 250.00 per hour

Other Fees:

A fee of **30.00** per half hour is charged for travel that is not medically necessary.

A fee of **10.00** will be charged as a records retrieval fee and each page will be charged at the rate of **\$1.32** per page. Requests for records must be made in writing and must include a valid signature (client or guardian).

Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. These services will be charged in 15 minute increments at the hourly rates of **200.00 for masters level providers and 300.00 for PhD level providers.**

Missed Appointment or Late Cancellation Fees

A fee of \$ **60.00** is charged for missed appointments or cancellations with less than 24 hours' notice for mental health therapy/counseling sessions. A fee of \$ **140.00** is charged for missed appointments or cancellations with less than 24 hours' notice for medication management sessions. A fee of \$ **100.00 per scheduled hour** is charged for missed appointments or cancellations with less than 24 hours' notice for psychological or neuropsychological testing sessions. If you choose to no show for your scheduled appointment without calling following this policy, all future appointments will be canceled.

Court Preparation Fees

A fee of **400.00** per hour is charged for court preparation, legal proceedings, and attendance of such activities. A minimum of 5 hours will be charged and payment in full for the minimum hours (2000.00) will be due prior to court appearance, with the remainder due following appearance as billed. If you become involved in legal proceedings that require your therapist's participation, you will be expected to pay for that professional time even if the therapist is called to testify by another party. [Because of the difficulty of legal involvement, you will be charged 400.00 per hour for preparation and attendance at any legal proceeding.]

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.