**CONTRACT FOR PROFESSIONAL SERVICES**

Contract made as of signature date below, between Peaceful Mind Mental Health at

118 N Main Ave Suite 10, New York Mills, Ottertail County, Minnesota, or 700 Cedar Street, Alexandria or via Telehealth, hereafter referred to as “Therapeutic Provider, and client listed below, hereafter referred to as “Client.”

1. The Therapeutic Provider operates and maintains a place of business at the above-named addresses and is licensed as a Clinical Social Worker, Graduate Social Worker, Professional Clinical Counselor and/or Alcohol and Drug Counselor.

2. The Client hereby engages and hires the Therapeutic Provider and the Therapeutic Provider hereby agrees to examine, evaluate and treat patient to the best of their ability.

3. The Client agrees to provide the Therapeutic Provider with all of the information requested and to fully cooperate with the Therapeutic Provider in their examination, evaluation and prescribed treatment plan.

4. In consideration of the promises and covenants of the Therapeutic Provider, the Client promises to remit to the Therapeutic Provider, for the professional services rendered to them by the Therapeutic Provider, the following fees (these fees may not apply if Client is covered by state Medicaid and/or an Employee Assistance Program):

A. Psychotherapy $200.00 per hour

B. Substance Abuse Counseling $150.00 per hour

C. Evaluations $450.00 per hour

D. Court Testimony $700.00 per half-day, plus mileage

E. Appointment no shows $75.00 per missed appointment (unless 24 hour notice is given)

F. Consultations $200.00 per hour plus mileage

G. Couples Counseling $200.00 per hour paid at time of service if no insurance coverage

5. Credit card and/or HSA cards are required to be on file with Peaceful Mind Mental Health.

6. Any charges incurred as private pay will be billed the day of service or when insurance explanation of benefits is received stating deductible or copay amounts. Unless prior arrangements are made by the Client.

7. The Therapeutic Provider and the Client agree that the professional services to be rendered by the Therapeutic Provider may be terminated by either party upon notification to the other party.

8. Upon termination of services, all balances due are subject to be charged to the card on file unless previous arrangements have been made.

9. Peaceful Mind Mental Health has the right to seek out collection services if payment is not received based upon the agreed upon contracts.

10. The Therapeutic Provider agrees that they will not, either directly or indirectly, disclose or communicate to any person any information or description related to and by Client without the express written consent of the Client or a Court Order.

11. Any controversy or claim, arising out of, or relating to this agreement, the examination, evaluation and/or treatment provided, or of sums due for said services, will be settled by arbitration in accordance with the rules in effect of the American Arbitration Association, and judgment upon the award rendered may be entered in any court having jurisdiction thereof.

12. The Client authorizes Peaceful Mind Mental Health to bill their insurance company. The Client understands that if insurance determines that services are not medically necessary are/or are not covered by their policy, that charges accrued are their responsibility.

13. The Client will provide Peaceful Mind Mental Health with any insurance changes promptly upon receiving new insurance information, or charges will be moved to private pay.

14. The Client will reach out to Peaceful Mind Mental Health with any questions or concerns regarding the use of insurance, copays and/or private pay at 218.731.8896 or contact@peacefulmindmh.com.

INFORMED CONSENT FOR PSYCHOTHERAPY

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how

the relationship will work, and what the provider and you can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with your provider.

The Therapeutic Process You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. We cannot promise that your behavior or circumstance will change. We can promise to support you and do our very best to understand you. We can help you identify patterns and assist you in determining what you feel is best for your therapeutic plan.

Confidentiality

The session content and all relevant materials to the client’s treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

If a client threatens or attempts to commit suicide or otherwise conducts themself in a manner in which there is a substantial risk of incurring serious bodily harm.

If a client threatens grave bodily harm or death to another person.

If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.

Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.

Suspected neglect of the parties named in items #3 and # 4.

If a court of law issues a legitimate subpoena for information stated on the subpoena.

If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert’s report to an attorney.

At times, we may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other outside of the therapy office, we will not acknowledge you. Your right to privacy and confidentiality is of the utmost importance to us, and we do not wish to jeopardize your privacy. However, if you acknowledge us, we will be more than happy to speak briefly with you but will not engage in any lengthy discussions in public or outside of the therapy office.

**I, (the client, or parent/legal guardian of the client) have read the above Confidentiality Agreement and understand its terms and my responsibilities.**

**Signature Date**