



Meridian HEALTH

1325 Airmotive Way
Suite 240
Reno, Nevada 89502
(775) 737-9001 phone
(775) 870-1628 fax

Therapeutic Consent and Client Contract

We are dedicated to providing you with the best possible therapeutic experience and have prepared this document so that you have essential information about the therapeutic process, services, procedures, and expectations. Please read this document carefully and note any questions you have so that we can discuss them. When you sign this document, it will represent an agreement between Meridian Health and you.

Therapeutic Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, along with the issues you bring forward. There are many different methods we may use to address your issues; however, psychotherapy is not like a medical doctor visit. Therapy allows you to explore your concerns in a private, safe environment with an objective and trained professional. We will talk about what is going on in your life and look at healthy ways to cope with your concerns. You have the right and obligation to participate in treatment decisions and in the development of your treatment goals. You also have the right to refuse any recommended treatment, withdraw consent to treat, and to be advised of the consequences of such refusal or withdrawal at any time.

While the ultimate purpose of therapy is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional and psychological pain for you. Attempting to resolve issues that brought you to therapy may result in changes that were not originally intended, such as decisions about behavioral changes, relationships, substance use, employment, or virtually any other aspect of your life. Change will sometimes be easy and swift, but it can also be slow and frustrating at times. There is no guarantee that therapy will yield positive, lasting, or intended results. Meridian Health clinicians and other professionals often recommend Therapeutic Lifestyle Changes as part of the treatment approach. This may include, but is not limited to:

- Changes in frequency, intensity and/or duration of physical activity
- Modifications to diet and/or eating habits and/or sleep
- Changes in substance use (e.g. caffeine, alcohol, tobacco, drugs, etc.)
- Inclusion in activities outside in natural settings (e.g., walking outside, hiking etc.)
- Involvement in social activities with local and/or online entities

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It is the responsibility of the individual client and/or guardian to assure medical oversight is obtained via a primary care physician, family practice physician, pediatrician, nutritionist/dietician, or other medical professionals prior to and while engaging in Therapeutic Lifestyle Changes. Meridian Health is not liable for damages, injuries, or ailments in relation to client engagement in said activities outside of session and/or outside of the scope of each individual practitioner and their professional area of expertise.

Our Responsibilities to You as Your Therapist

Meridian Health's responsibility to you includes confidentiality, honesty, knowledge, experience, and ongoing clinical consultation and training. We strive to create a supportive and safe environment that allows you to explore areas in your life which you desire to change. We will make observations and suggestions, provide feedback, and may ask you to do activities outside of sessions to enhance the change process.

Your Responsibilities as a Client

Your responsibilities as a client include honesty, openness, willingness, commitment, and a spirit of collaboration. You are in charge of your therapy, and your life. As a result, psychotherapy calls for a very active effort on your part. For therapy to be most successful, you will have to work on things we talk about both during and outside of sessions. It is our belief that the strength of the client-therapist relationship is a major factor in the change process. Therefore, if you have any questions, concerns, or are dissatisfied in any way, it is very important that you share this with us so we can work together as a team to meet your needs more effectively. You have the right to request a change in how we are working with you, to take a break, or to discontinue therapy at any time. However, both of us are invested in this relationship and termination without contact or closure may not be healthy for you or the relationship with your therapist. If you are considering terminating therapy, please speak with your therapist by phone or in person to give us the opportunity to discuss your concerns and/or celebrate your successes bringing closure to our journey together.

Referrals

Clients who present with issues that we believe would better benefit from the assistance of another practitioner (because your needs are not a good match for our scope of practice), you will be referred to other agencies or professionals that specialize in those areas. The reason for giving a referral is to better serve you and to match your needs with the appropriate resources. If a referral is given, we will explain the reasoning, and will provide information for other services to make the transition as smooth as possible.

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Confidentiality

There is a copy of the HIPAA Notice of Privacy Practices on the Meridian Health website (<http://www.meridianhealthnv.com>). A copy can be provided if you do not have access to the Internet. You should understand that information about psychotherapy is almost always confidential by the therapist and not revealed to others unless you authorize such release. There are a few exceptions as noted in the HIPAA Notice of Privacy Practices. Details about those exceptions follow:

- a) **Client Consent**- If you sign a written consent form for us to release information to a third party.
- b) **Abuse/Neglect of Children or Vulnerable Adults**- If it appears to us that there is a reasonable suspicion of abuse or neglect of a child (or of a vulnerable adult), or if you state or suggest that you are abusing or have recently abused a child (or vulnerable adult), we are required to report this information to the appropriate social service and/or legal authorities, depending upon the nature of the incident(s).
- c) **Duty to Warn and Protect**- When you disclose intentions or a plan to harm another person, we are required to warn the intended victim and report this information to legal authorities. In cases in which you disclose or imply a plan to harm yourself and/or your life or health is in grave danger, we are required to notify legal and/or medical authorities.
- d) **Minor/Guardianship**- When we are conducting therapy with a minor (someone who is younger than 18 years old), the minor has limited rights of confidentiality.
- e) **Court Order**- Occasionally, the court may attempt to obtain, by power of subpoena or court order, the release of privileged information against your wishes. In such cases, attempts are made to protect your rights, but success at doing so cannot be guaranteed, and we may be ordered to release the information or take deposition. However, there are some situations where a judge or court may require us to testify. Specifically, child custody or adoptions proceedings, where your fitness as a parent is in question or in doubt, cases where your emotional or mental condition is important information for the court's decision, during a malpractice suit filed against a specific therapist or the agency, in a civil commitment hearing to decide if you will be admitted to or continued to be in a psychiatric hospital, when you are seeking therapeutic services for a court-ordered assessment or treatment, and if you file a complaint against a board that lists us as a provider (e.g., medical board).
- f) **Professional Consultation**- We may occasionally find it helpful to consult other professionals about your case. During a consultation, we make every effort to avoid revealing your identity.

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- g) The consultation is also legally bound to keep the information confidential. If you do not object, we will not tell you about these consultations unless we feel that it is important to our work together.
- h) **Other-** Exemptions to this consent may be granted under NRS 129.030 for a life-threatening emergency or a serious health hazard, or in other situations as specified in the statute where a minor has been living apart from parents; treatment for emancipated minors with court supporting documents.
- i) **Couples/Families-** If you and your partner or family members decide to have some individual sessions as part of your couples or family therapy, what you say in those sessions will be considered to be a part of the couples/family therapy and can and probably will be discussed in sessions either with your partner or other family members. ***Do not tell us anything you wish kept private.*** We will remind you of this policy before beginning such individual sessions.

Contacting Therapists

Meridian Health may be contacted outside of regularly scheduled sessions by phone, mail, or email at group@meridianhealthnv.com. Meridian Health's staff strive to be available within a reasonable timeframe, which we define as within 24 business hours (e.g., during the traditional M-F work week from 7:00AM-7:00PM, excluding major holidays). Therapists are not immediately available by telephone. Our telephone has a voice mail that is monitored periodically throughout the day. If you are difficult to reach, please inform us of times when you will be available. ***Telephone calls, text messages and emails are offered as a professional courtesy, and these services do not constitute an emergency service.*** We are not responsible for your behaviors or decisions occurring outside sessions at any given time, whether before or after a telephone call or session. If you are unable to reach us and feel that you cannot wait for us to return your call, **contact 911**, your family physician or the nearest emergency room. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

- Suicide Prevention & Crisis Call Center: 988***
- Reno Behavioral Hospital 775-393-2200***
- Renown Regional Medical Center 775-982-4100***
- Northern Nevada Sierra Medical Center 775-799-7320***
- Sexual Assault 24 Hour Crisis Line: (775) 784-8090 or (800) 992-5757***

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In the event that we reasonably believe that you are a danger physically to yourself or others, we will need to contact your emergency contact, in addition to medical and law enforcement personnel. Please list your emergency contact and their phone number below.

Emergency Contact Name _____ **Telephone Number** _____

Informed Consent for Telephone, Electronic, and Mail Contact

If you elect to communicate with us by email, telephone, or other electronic means, please know that this is not completely confidential to the extent that spyware and other dangerous hardware can gain access to protected material. Text messages and email are kept on a password-protected device to which only the agency has access. We will make every attempt to handle the communication received by text, email, phone, or other electronic means respectfully and will take care to protect confidentiality. It is recommended that clients keep electronic communication brief and vague. Please do not write information in a text or email which you would not want others to know.

Professional Fees, Billing and Payments

All fees are expected at the time services are rendered. Meridian Health accepts cash, checks, and credit cards for payment. A receipt is available for your records and may be printed or sent electronically through email, when requested. Meridian Health is able to keep your credit card on file for billing purposes, and bills services automatically for convenience. The below rates are billed to insurance. **“In Network rates are typically lower, as these rates are negotiated with each insurance carrier and vary by insurance company. Ultimately, you alone are responsible for any balance, billing, recoupments, and/or denials or take-backs from insurance or third-party payors.**

Psychotherapy

- | | |
|--|--------------|
| <input type="checkbox"/> Biopsychosocial Assessment | \$300 |
| <input type="checkbox"/> 45-60 Minute Individual/Family Session | \$250 |
| <input type="checkbox"/> Group Session | \$75 |
| <input type="checkbox"/> Grad Student Intern (fee applies to intern’s supervision expense) | \$30/session |

The hourly fee for a session is \$250.00. For an assessment only, the rate is \$300.00. In addition to weekly appointments, we charge this amount for other professional service you may need, though

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we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other services you request of us.

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. ***If you wish to pay by check, please make it payable to Meridian Health. Checks returned NSF will be charged \$50.***

Payment schedules for other professional services will be agreed to when they are requested. In circumstances of financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.

You will be allowed to accrue uncollected fees up to and no more than \$300.00 owed for therapeutic services (due to financial hardship), except when otherwise agreed upon. In the event that a debt of uncollected fees is accrued, therapeutic services will be put on hold so that your bill does not become unmanageable and create additional stress. You will be expected to repay the debt. If your account has not been paid for more than 60 days, and arrangements for payment have not been agreed upon or the agreed upon arrangements have not been upheld, we have the option of using legal means to secure the payment. This will involve sending the debt to National Business Factors. If such legal action is necessary, the costs to recover the debt will be included in the claim. When we send the account to National Business Factors, the information released is your name, address, phone number, amount due, date of service, date of last payment, and employer.

Fees Specifically Related to Legal Proceedings and Court Involvement

In the event you require us to be involved in legal or court proceedings, your consent will be required. Court appearances, either requested or subpoenaed, as well as depositions and settlement conferences are billed at an hourly rate of \$300.00. These rates will be charged at a minimum of four hours, which includes time spent on preparation, travel, waiting, and testimony. The initial minimum four-hour charge of \$1200 is due at the time of the subpoena. These charges are not allowable charges for insurances and are your sole responsibility. Because it is often difficult to accurately determine the time needed to appear in court, there is a need for us to clear our appointment schedule for the entire day. Such scheduling makes it necessary to charge in this manner.

Insurance Reimbursement

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Most of Meridian Health's practitioners are contracted with insurance carriers as "in network" providers. If and when this is the case, we will attempt to verify benefits at the time you schedule your assessment. However, it is ultimately the client's responsibility to understand the limitations of insurance reimbursement. For us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of the fees. We will appeal denied claims through insurance up to 3 times; however, after the third denial, you will be responsible to pay the amount due on your account, and we will supply you with superbills to allow you to submit for reimbursement or continue the appeal process with the insurance. If we obtain benefits from your insurance, there is no guarantee that these benefits are quoted correctly. As a result, it is very important that you find out exactly what mental health services your insurance policy covers. You should be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide them with additional clinical information, such as treatment plans, summaries, or copies of the entire record (in rare cases). This record will become part of the insurance companies files and will most likely be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do once it is in their hands. In some cases, they may share information with a national medical information databank.

Complaints

If you are unhappy with Meridian Health, we hope you will discuss it with us so that we can respond to your concerns. We will take such criticism seriously, and with care and respect. Please reach out to Katie Nolin @ knolin@meridianhealthnv.com or Mirit Sloves @ msloves@meridianhealthnv.com if you do not feel comfortable complaining to your provider or the front office staff. If you believe that we have been unwilling to listen and respond, or that we have behaved unethically, you can complain about our behavior to the Nevada Board of Examiners for Marriage and Family Therapy, P.O. Box 370130, Las Vegas, NV 89137-0130. You are also free to discuss your complaints about us with anyone you wish, and do not have any responsibility to maintain confidentiality about what we do that you do not like, since you are the person who has the right to decide what you want kept confidential.

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Termination

Your participation in psychotherapy is voluntary, and you have the right to withdraw from treatment without adversity at any time. We would recommend that when termination is considered, you discuss this with your provider or administration staff, so that we can create a plan for termination to minimize any possible negative effects. If you do not show up for 2 consecutive scheduled appointments, your treatment will be considered canceled and terminated, and you will be financially responsible for the fees of the missed sessions. After a “No Show” appointment occurs and you have not contacted our office within 10 business days to reschedule, Meridian Health will accept that as your notice that you have terminated services with our office. A letter will be sent to you acknowledging the termination and the payment method on file will be charged for any remaining balance. In the event the payment method of file does not work, a final closing bill for any unpaid balance will be mailed to you. You are responsible for ensuring contact information on file remains current to ensure the final billing is delivered to you.

I have read the therapeutic consent and client contract and had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to the release of that information and other information necessary to complete the billing process. I agree to pay the fee of \$250.00 per session or any fees not covered by my insurance. I understand my rights and responsibilities as a client, and my therapist’s responsibilities to me. I also understand

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that no guarantee or assurance has been made as to the results or outcomes that may be obtained. Risks of treatment include potential for both emotional and relational discomfort related to issues discussed during the counseling process. I am aware this outpatient mental health office is not an emergency or 24-hour service and in the case of emergency will call 911. I agree to undertake therapy with Meridian Health. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by the staff of Meridian Health.

I certify the information which I have provided on this form is true and accurate. My signature below indicates my agreement with the terms outlined in the therapeutic consent and client contract. I have also read and understood the Notice of Privacy Practices and have signed below to indicate my agreement with its terms as well.

Client and/or Guardian's Signature

Date

Client

Date

Client

Date

Client

Date

Witness

Date

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