LIFE RESOURCES, LLC and THE INSIGHT PROGRAM, PC

**INFORMED CONSENT FOR MENTAL HEALTH TREATMENT**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client, you have certain rights that are important for you to know about because this is your therapy. There are also certain limitations to those rights that you should be aware of. As therapists, we have corresponding responsibilities to you.

**My Responsibilities to You as Your Therapist**

I. Confidentiality

With only a few specific exceptions outlined below, you have the right to the confidentiality of your therapy. We cannot and will not tell anyone else what you have told your therapist, or even that you are in therapy without your prior written permission. Under the provisions of the Health Care Information Act of 1992, we may legally speak to another health care provider or a member of your family about you without your prior consent, but we will not do so unless the situation is an emergency. You may direct your therapist to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

The following are legal exceptions to your right to confidentiality. We will attempt to inform you of any time when we think we will have to put theses into effect.

1. If supervision occurs, your confidential information may be shared.

2. If we have concerns about child and/or elder abuse or neglect.

3. If we are concerned you may harm yourself or someone else.

4. Under court order.

If you elect to communicate with our office electronically at some point in our work together, please be aware that these services are not completely confidential. All electronic records are retained in the logs of you or our internet service or cellular provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service or cellular provider. Correspondence we receive from you, and any responses that we send to you, may be printed out and kept in your treatment record.

II. Other Rights

We are always willing to discuss how and why we’ve decided to do what we do, and to look at alternatives that might work better. Feel free to ask to try something that you think will be helpful and you can request that we refer you to someone else if you decide your therapist is not the right fit for you. You are free to leave therapy at any time.

**Your Responsibilities as an Insight EAP Client**

Your employer is paying for the services you receive in our office. Please be respectful of that arrangement and our time by being on time for your appointment. If you cannot attend your appointment, please give at least 24 hours’ notice.

While your employer has arranged to cover the cost of your EAP services, only aggregate demographic data is shared with your employer. No identifying information of clients is shared without their consent.

If your employer has required that you attend EAP sessions, you will be asked to sign a limited release of information to notify a designated person at your workplace of your involvement in EAP services and compliance with recommendations.

**Your Responsibilities as a Life Resources Client**

Co-pays are due at the time of the appointment. You are responsible for paying for your session weekly unless we have made other firm arrangements in advance.

You are responsible for coming to your session on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next person’s session.

If you miss a session without canceling, or cancel with less than twenty-four hours’ notice, you must pay for the No Call Fee prior to your next appointment. We cannot bill these sessions to your insurance. The answering machine has a time and date stamp which tracks of the time that you called. If you would endanger yourself by attempting to come (for instance, driving on icy roads), or if you or someone for whom you are a caregiver has fallen ill suddenly, please let us know and the fee may be waived. If you no-show for two sessions in a row and do not respond to our attempts to reschedule, we will assume that you have dropped out of therapy and will make the space available to another individual.

Our fee structure for sessions, which will be billed to insurance, is as follows:

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| * Psychiatric Diagnostic Evaluation $250
 | * Individual Psychotherapy 60 min $250
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| * Individual Psychotherapy 45 min $165
 | * Family Psychotherapy $250
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| * No Call/ No Show $50 (not covered by insurance)
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Acknowledgement of Insurance Processing and Billing

In order to process claims and receive payment from insurance carriers, it is helpful for each client to be aware of the certain processes mental health services require. Please contact your carrier by calling the customer help line located on the back of your card to ensure that your plan does not require prior authorization or a referral from your primary care physician. If you have any questions, please feel free to contact our billing department. Life Resources, LLC and The Insight Program, PC will complete and mail an insurance claim on your behalf. However, you are responsible for all pre-authorization requirements, insurance claim follow up, and all charges not covered by your insurance.

Life Resources, LLC and The Insight Program, PC reserve the right to charge the patient the full amount of the visit if there is no response from the insurance company within 45 days. Please be aware that all clients that have co-pays or co-insurances must pay them at the time of service. If necessary, a payment plan can be made with our billing department. In the event that we have not received payment within 90 days of service, a collection process will commence. Please keep our office up-to-date with any change of address to avoid any complications with statements.

**Consent to Treat**

I have reviewed carefully, asked any questions that I needed to, and understand this consent to receive mental health services. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release that information and other information necessary to complete the billing process. I agree to pay the sessions. Fee. I understand my rights and responsibilities as a client, and my therapist’s responsibilities to me. I agree to undertake therapy with Life Resources, LLC and/or the Insight Program. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions.

LIFE RESOURCES, LLC and INSIGHT EAP

Notice of Privacy Practices

This notice describes how medical information may be used and disclosed and how you may access the information. Please review it carefully.

This notice is provided to you pursuant of the Health Insurance portability and Accessibility Act of 1996 and its implementing regulations (HIPPA). It is designed to tell you how we may, under federal law, use or disclose your Health Information.

1. We may use or disclose your health information for purposes of treatment, payment, or healthcare operations without obtaining your prior authorization and here is an example.
	1. Our billing department may access your information and send relevant parts to other insurance companies to allow us to be paid for the services we render to you.
2. We may also use or disclose your Health Information under the following circumstances without obtaining your prior authorization:
	1. To notify and/or communicate with your family. Unless you tell us you object, we may use or disclose Health Information in order to notify your family or assist in notifying your family, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.
	2. For Health Oversight Activities. We may use or disclose your Health Information to health agencies during the course of audits, investigations, certification, and other proceedings.
	3. In Response to Subpoenas or for Judicial and Administrative Proceedings. We may use or disclose Health Information in the course of and administrative or judicial proceedings. However, in general, we will attempt to ensure that you have been made aware of the use or disclosure of your Health Information prior to providing it to another person.
	4. For Concerns of Abuse or Neglect. We may disclose your Health Information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your Health Information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclose will be made consistent with the requirements of applicable federal and state laws.
	5. To Law Enforcement Personnel. We may use or disclose your Health Information to a law enforcement official to identify or locate a suspect, fugitive, or material witness, or missing person, comply with court order or subpoena and other law enforcement purposes,
	6. To Coroners and Funeral Directors. We may use or disclose your Health Information for purposes of communicating with coroners, medical examiners, and funeral directors.
	7. To Aid Specialized Government Functions. If necessary, we may use or disclose your Health Information for military or national security purposes.
	8. For Worker’s Compensation. We may use or disclose your Health Information to company with worker’s compensation laws.
	9. To Correctional Institutions or Law Enforcement Officials. If you are an inmate.
3. For all other circumstances, we may only use or disclose your Health Information after you have signed an authorization.
	1. If you authorize us to use or disclose your Health Information for another purpose, you may revoke your authorization in writing at any time.
4. You should be advised that we may also use or disclose your Health Information for the following purposes:
	1. Appointment Reminders. We may use your Health Information in order to contact you to provide appointment reminders or to give information about treatments or health related benefits and services that may be of interest to you.
	2. Change of Ownership. In the event that our entity is sold or merged with another organization, your Health Information/record will become the property of the new owner.
	3. Providing Information to our plan sponsor (if a health plan). We may disclose your Health Information to our plan sponsor.
5. Your Rights
	1. You have the right to request restrictions on the uses and disclosures of your Health Information. However, we are not required to comply with your request.
	2. You have the right to receive your Health Information through confidential means through a reasonable alternative means or at an alternative location.
	3. You have right to inspect and copy your Health Information made by use, except that we do not have to account for disclosures: authorized by you; made for treatment, payment, healthcare operations; provided to you; provided in response to an Authorization; made in order to notify and communicate with family; and/or for certain government functions, to name a few.
	4. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact Susan Meyerle, 402-477-0651.
6. Our Duties
	1. We are required by law to maintain the privacy of your Health Information (and to provide you with a copy of this notice)
	2. We are also required to abide by the terms of this Notice.
	3. We reserve the right to amend this Notice at any time in the future to make the new Notice provisions applicable to all your Health Information even if it was created prior to the change in the Notice. We will also provide you with a copy at any time upon request.
7. Complaints to the Government

You may make complaints to the Secretary of the Department of Health and Human Services if you believe your rights have been violated. We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

1. Contact Information

You may contact us about our privacy practices by contacting the Privacy Officer,

 Susan Meyerle

 Life Resources, LLC and The Insight Program

7501 O St Ste. 100

Telephone: 402-477-0651

You may contact DHHS at

 US Department of Health and Human Services

 200 Independence Avenue, SW, Washington DC, 20201

Telephone: 202-619-0257, Toll Free: 1-877-696-6775