Chime Mental Health Services
Therapy & ARMHS
(507) 461-0874 (call or text)
126 South Broadway Wells, MN 56097
www.chimementalhealth.com

Informed Consent Document

You have taken the first and most crucial step to getting the help you seek to live a life worth living. You are not alone in this, and I look forward to working with you.

This packet details the policies and procedures at Chime Mental Health Services. Clients who have requested therapy services are strongly encouraged to read this packet of information and provide a signature attesting to your understanding and agreement with these policies and procedures.

ELIGIBILITY FOR SERVICES

Services are available to all individuals. Insurance is accepted, and there are self-pay options and sliding fee scale options.

AVAILABLE SERVICES

Services offered at this time are individual therapy. Please check back at a later time for possible group therapy and family therapy options. Individual therapy is available for adolescents and adults. There are no eligibility requirements for treatment. People can be referred to by themselves, physicians, ministers, school personnel, attorneys, employers, and many others. If the client's needs are outside the clinicians' scope of practice, a referral to an alternate provider will be made available.

Areas of practice include, but are not limited to:

Depression	Stress	Grief and Loss
Animal Companion Loss	Relationships	Family of Origin Issues
Anxiety	Coping Challenges	Trauma-Related Problem
Assault	ADHD	Adjustment Problems

CONFIDENTIALITY

All communication between the provider and client is 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.

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

- When there is a clear and present danger of harm to yourself or another person, we are legally required to take action to protect life in these circumstances. Thus, our actions may include but are not limited to, arranging for voluntary or involuntary hospitalization or notifying law enforcement authorities and/or persons identified as being at risk for harm.
- In the case of apparent child abuse or abuse of a vulnerable adult. We are legally required to report the abuse to child protective services, law enforcement, or other appropriate county and/or state authorities.

- In the event you are pregnant, and a provider has reason to believe you are using a controlled substance for non-medical purposes. State law requires this to be reported to child protective services or other appropriate county and/or state authorities.
- In the event of a court order compelling information to be released.
- In the case of an emergency.
- When it must otherwise be reported by law.

RECORDS

All medical records are maintained for a minimum of 10 years, after which 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 the release of information to any other entity, we may request personal contact with you in addition to the written release. When the release of records creates a safety risk for any individual or entity, the law provides for the restriction of record release based on an evaluation of the individual situation.

THE THERAPEUTIC PROCESS

Counseling is a process by which people facing life challenges enter into a relationship with a trained professional to gain greater insight into their situation. The function of this agency is to help resolve problem areas in life and to develop more effective ways of responding to life challenges. Your therapist will be an understanding person interested in helping you work through your emotional distress. The therapist's function is to listen, understand, and be helpful to the fullest extent of their professional training. It is the client's responsibility to help the therapist understand the life situation, thoughts, and feelings while having the courage to try to master problem areas. Counselors do not give advice or make decisions for their clients. Their role is to ask questions and comment to help clients understand themselves more fully, make adequate choices, and become more self-resilient. The counseling process may entail emotional pain, stress, and life changes. Although counseling will help most people, it is not always or entirely effective.

CRISIS INFORMATION

This agency 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. It is encouraged that you utilize the following resources should you require mental health assistance after regular business hours.

South Central Crisis Center 24 Crisis/Warm Line (877) 399-3040 or (507) 344-0621
Suicide and Crisis Lifeline - 988
Emergency Services - 911
National Domestic Violence Hotline, 1-800-799-7233
Your nearest emergency department

CHANGING/FAILED APPOINTMENTS

If it becomes necessary to change or cancel your appointment, please get in touch with your provider as soon as possible. Twenty-four hours need to be given for your provider to have an opportunity to find someone else to fill your spot. Every effort is given to fill empty spots with clients who want to be seen as soon as possible. If you cancel less than 24 hours before your appointment, you will be charged a $100 fee as your provider has set that time aside for your Session. Health insurance plans do not pay for failed appointments; you will be responsible for this fee. As with normal session fees, this must be paid before you can schedule a future appointment.

GIFTS

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

SOCIAL MEDIA POLICY

Never use social media as a means to communicate with your provider. These sites are not secure to the degree necessary to be HIPAA compliant. Also, social media accounts are meant for personal use, and your provider does not connect with clients on these platforms. Please do not send requests to connect with your provider through their social media platforms. Though they may appear as an option for someone to connect with, please ignore these and/or delete them so they do not continue to be an option.

COMMUNICATION METHODS

There are a few options for communicating with your provider, such as direct phone calls to the provided phone number and the email address that has been provided. Text messaging does not ensure privacy. Therefore, an app is used to send text reminders for appointments only. Responses are not given via this method of communication.

BUSINESS REVIEW SITES

You may find this agency on sites like Yelp, Healthgrades, Yahoo, etc. Some sites include a forum where people can rate their provider 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.

You have the right to express yourself as you wish online. Due to confidentiality, if you choose to post a review online, no response will be made. We urge you to take your privacy seriously, and we are committed to keeping your information confidential. If we are working together and there are concerns about the therapy process, an essential part of therapy would be to communicate that to your provider and discuss how to resolve the issue.

If you feel something has been done that is harmful or unethical and you do not feel comfortable discussing it with your provider, you may get in touch with the Board of Behavioral Health and Therapy. This board oversees licensing and will review the services you have been provided.

PAYMENT POLICY CHARGES AND FEES

Payment for sessions is due on the day of service. If you have a balance due, you will not be scheduled for further appointments until this is paid in full. It is our mission to help you to improve your overall well-being. If you cannot afford the service fee, there are options. Please speak with your provider to learn what those are and how we can best serve you.

Current Fees for Therapy:

Initial Intake: $250
Individual Session (30 minutes): $75
Individual Session (60 minutes): $150

TELEHEALTH

You consent to participate in telehealth as a part of your therapy and treatment goals. Telehealth will occur primarily through interactive audio and video using a HIPAA-compliant website platform identified by your provider.

You have the following rights concerning your consent to telehealth:

- As with any therapy appointment, you have the right to end this portion of the consent at any time.
- The laws that protect the confidentiality of your personal information apply to telehealth.
- You fully understand that participating in an online platform has possible risks and consequences. Reasonable efforts will be made to ensure the safety and security of your private information.
- You must understand that all applicable statutes, rules, and laws are the same as if you were in person at a clinic.

Patient Bill of Rights

What You Should Know About the Ethical Practice of Professional Counselors
Approved by the ACA Governing Council, October, 1999

As clients make decisions concerning the professional counselor from whom they will seek services, they should realize that there are standard practices and procedures that they can expect. Many of these practices and procedures are driven by the code of ethics that your professional counselor is bound to follow, the American Counseling Association's (ACA) Code of Ethics & Standards of Practice. This document offers some highlights specifically relevant to you as a consumer. You have the right to ask your professional counselor for a complete copy of the ACA Code of Ethics & Standards of Practice. The following will highlight some of these practices and procedures that you should expect from your professional counselor.

What to expect:

- Your professional counselor will describe their qualifications and areas of expertise.
- Your professional counselor will treat you with respect and dignity, especially regarding age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.
- Your professional counselor will inform you of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of all counseling services that you will receive. You may request this information in writing.
- Your professional counselor will inform you of and allow you to discuss matters of confidentiality, privacy, and disclosure of information. They will also inform you of the limitations to confidentiality.
- Your professional counselor will inform you of all service-related financial arrangements before entering the counseling relationship. You may request this information in writing.
- Your professional counselor will, when necessary, assist in making appropriate alternative service arrangements. Such arrangements may be necessary following termination, at follow-up, and for referral. *When questions or concerns arise regarding services requested or received, please discuss them immediately with your professional counselor. If such a question cannot be answered or a resolution is reached, don't hesitate to contact the ACA for advice or counsel at 1-800-347-6647, ext. 314, or plr@counseling.org.

How to file an ethics complaint with the ACA Ethics Committee:

The ACA has jurisdiction only over professional counselors who are ACA members or who were members during the time of the alleged behavior. The first step in the process is to fax or mail a request for membership verification (Membership verifications cannot be done by phone). This can be a one-or two-sentence request, such as "I would like to verify if (professional counselor) of (city, state) was an ACA member during (month/year)." Your signature, as well as a return address, must be included. If it is determined that ACA does have jurisdiction, a standard ethics complaint form will be sent to you.

Membership verification requests are sent to the following address or fax number:

American Counseling Association
ACA Professional Learning & Resources - ACA Ethics
5999 Stevenson Avenue Alexandria, VA 22304
Attn: ACA Ethics Committee Liaison (CONFIDENTIAL)
Fax: 703-823-3760

The standard ethics complaint form will ask you to include the following:

1. Your name, address, phone number, and email address
2. Name, address, and phone number of the professional counselor about whom you are filing the complaint
3. Brief description of the reason why the complaint is being filed

You will also receive a copy of the ACA Code of Ethics & Standards of Practice. The ACA Ethics Committee Liaison will send you a letter acknowledging the receipt of your complaint and asking for any other information the Committee

might need at that time. If the professional counselor is or was an ACA member, the Committee liaison will guide you through the ACA's process of determining whether an ethics violation occurred. If they are not a member, the liaison will describe other options you may have. For additional information, please call ACA at 1-800-347-6647, ext. 314, or email plr@counsling.org.

Telehealth Informed Consent

I understand I have the following rights with respect to telehealth:

1. I have the right to withhold or remove consent at any time without affecting my right to future care or treatment nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.
2. The laws protecting my personal information's confidentiality also apply to telehealth. As such, I understand that the information I release during my sessions is generally confidential. Please refer to the Informed Consent form you were given for specific details. I also understand that disseminating any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent. I am responsible for ensuring my confidentiality in my home by setting up a private space where video conferencing can occur. I understand that if other distractions or situations compromise confidentiality, my clinician may end the session prematurely.
3. I understand there are risks and consequences from telehealth, including but not limited to, the possibility, despite reasonable efforts on the part of CMHS, that the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons.
4. I understand I must utilize a HIPAA-compliant platform on my phone or other device that supports Google Chrome or Mozilla Firefox to access telehealth sessions.
5. I understand I have the right to access my personal information and copies of case notes. I read and understood the client bill of rights and grievance procedure reviewed at my first session, and my therapist answered any questions.
6. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio/video/computer-based psychotherapy services. If I am in a crisis or an emergency, I should immediately call 911, 988, or go to the nearest emergency room.
7. I understand that telehealth sessions are billed through my insurance carrier just as face-to-face visits are and that I will be required to pay the same fees as I would if the visit were face-to-face.

Good Faith Estimate

In 2022, Congress introduced the No Surprises Act, a bill that brings new protections for consumers. This summary, sourced from www.cms.gov, will guide you through the key aspects of the bill and its impact on your mental health treatment billing with this agency.

From January 1, 2022, the No Surprises Act will provide consumers with enhanced billing protections. These protections extend to emergency care, non-emergency care from out-of-network providers at in-network facilities, and air ambulance services from out-of-network providers. The new rules, designed to safeguard consumers, will limit excessive out-of-pocket costs and ensure that emergency services are covered without prior authorization, regardless of the provider or facility's network status.

Currently, if consumers have health coverage and get care from an out-of-network provider, their health plan usually won't cover the entire out-of-network cost. This could leave them with higher costs than if they'd been seen by an in-network provider. This is especially common in an emergency situation, where

consumers might not be able to choose the provider. Even if a consumer goes to an in-network hospital, they might get care from out-of-network providers at that facility.

In many cases, today, the out-of-network provider can bill consumers for the difference between the charges the provider bills and the amount paid by the consumer's health plan. This is known as balance billing. An unexpected balance bill is called a surprise bill.

The Consolidated Appropriations Act of 2021 was enacted on December 27, 2020, and contains many provisions to help protect consumers from surprise bills starting in 2022, including the No Surprises Act under title I and Transparency under title II. Learn more about protections for consumers, understanding costs in advance to avoid surprise bills, and what happens when payment disagreements arise after receiving medical care.

You are entitled to receive this "Good Faith Estimate" of the charges for psychotherapy services provided to you. While a psychotherapist can't know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form estimates the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specified number of psychotherapy visits. The number of appropriate visits and the estimated cost for those services depend on your needs and what you agree to in consultation with your therapist. You are entitled to disagree with any recommendations concerning your treatment and may discontinue treatment at any time.

The fee for a 60-minute psychotherapy intake (in-person or telehealth) is $250.00. The fee for a 50-minute psychotherapy visit (in-person or via telehealth) is $150.00. These amounts are standard, but we understand that each individual's financial situation is unique. Therefore, you and the clinician may decide on another fee, which will be agreed upon before the intake and included in the financial form given to fill out, ensuring that your financial needs are accommodated.

Most clients will attend one psychotherapy visit per week, but the frequency of psychotherapy visits that are appropriate in your case may be more or less than once per week, depending upon your needs.

Number of Weeks	Total estimated charges for 1 session per week	Total estimated charges for 2 sessions per week
1 Week of Service	$175	$350
13 Weeks of Service (Approx. 3 Months)	$2275	$4550
26 Weeks of Service (Approx. 6 months)	$4550	$9100
39 Weeks of Service (Approx. 9 months)	$6825	$13650
52 Weeks of Service (Approx. 12 Months)	$9100	$18200

You have a right to initiate a dispute resolution process if the amount charged substantially exceeds the estimated charges stated in your Good Faith Estimate (which means $400 or more beyond the estimated charges).

You are encouraged to speak with your provider at any time about any questions regarding your treatment plan or the information provided in this Good Faith Estimate.