

Manna Treatment & Counseling

Therapist-Client agreement

Welcome to Manna Treatment and Counseling! This document contains our office policies. If you have any questions, your counselor will gladly discuss them with you.

CONFIDENTIALITY

The law protects the privacy of communication between a client and a therapist. In most situations, we can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPPA. Your signature on this Agreement provides consent to the following activities:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential.
- You should be aware that I practice with other mental health professionals and that I employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All mental health professionals are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- Disclosures required by health insurers or to collect overdue fees.
- If a client 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.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved in, or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim, and I am providing treatment related to the claim, I must, upon appropriate request, furnish copies of all medical reports and bills.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.

- If I have reason to believe that a child has been abused, the law requires that I file a report with DFACS. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that a disabled adult or elder person has been abused, I am required to report that to the appropriate agency. Once such a report is filed, I may be required to provide additional information.
- If I determine that a client presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. Please feel free to discuss any concerns or questions you may have about confidentiality.

MINORS & PARENTS

Patients under 18 years of age who are not emancipated and their parents should be aware that the law allows parents to examine their child's treatment records unless we believe that doing so would endanger the child or we (patient, therapist and parents) agree to do otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes our policy to request agreements from parents that they consent to give up their access to their child's records. If parents agree, during treatment we will provide them only with general information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless we feel that the child is in danger or is a danger to someone else. If that be the case, the counselor will notify the parents of their concern. Before giving parents any information, your counselor will discuss matters with the child, if possible, and do their best to handle any of their objections.

PROFESSIONAL RECORDS

Each therapist at MTC keeps a set of professional records, which provides pertinent information regarding the contents of the session. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in the presence of your therapist, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, we charge a copying fee (fee varies by case) for sending these records. If your therapist refuses your request for access to your records, you have a "right of review" (this does not apply to information provided confidentially by people other than you) which your therapist will discuss with you upon request.

In addition, therapists also keep a set of Psychotherapy Notes. These Psychotherapy Notes are kept separate from your Clinical Record. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else, including insurance companies without your written, signed authorization. Insurance companies cannot require your authorization as a condition of coverage nor penalize you in any way for your refusal to provide it.

APPOINTMENTS

Each therapy appointment is traditionally a 50 minute hour, unless specially arranged by the therapist. Nutrition appointments are typically 60 minutes for the initial appointment, and 30 minutes for the follow-up visits. Psychiatric appointments are typically 50 minutes for the initial assessment, 50 minutes for follow-up visits (med. management and counseling), and 20 minutes for follow-up visits (med. management only). Once an appointment is scheduled, *as a courtesy* we will attempt to give you a reminder (via email or phone number you provide us) prior to your appointment. ***However, it is your responsibility to keep track of the dates and times of your appointments.*** If you must cancel your appointment or need to reschedule, please phone the office at least **24-48 hours in advance** of your scheduled appointment. If you call less than 24 hours to cancel your appointment, **a late cancellation fee will be billed to you for the time that was reserved for your appointment.** This fee is typically 100% of the fee for the scheduled appointment and is not covered by insurance companies or Medicaid. We reserve the right to terminate treatment with a client for failure to show up at two or more appointments. In cases of emergencies and/or hospitalizations please discuss concerns with your therapist, as reducing/waiving this fee is at the discretion of the individual therapist.

PROFESSIONAL FEES

The hourly fees for services vary. Please see the administrative staff in our Business Office for details.

Your account must be kept current and payment be made prior to each session. We will not allow you to accrue a balance of more than \$250. **If your balance becomes greater than \$250, you will not be allowed to continue with treatment until your balance is paid down.** This includes insurance co-pays and private pay fees. We accept cash, check, Visa or MasterCard. If your check is returned, you will be responsible to pay the original amount due plus a \$15 processing fee directly to Manna Treatment & Counseling. Should the fee not be paid for two or more sessions, no further sessions will be scheduled until the balance is paid and/or payment arrangements have been made with your counselor and/or the office manager. At the conclusion of treatment, all outstanding fees must be paid upon termination.

INSURANCE

Your counselor may or may not be a provider for a managed care company. Please check with our office manager to determine if using your insurance is an option, as not all of our providers are on insurance panels.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine *exactly* how much mental health coverage is available. **Verifying your insurance benefits is your responsibility (this includes authorization, if required).** However, we do have a billing specialist available to check on your coverage prior to the appt. We will inform you of any coverage/benefit information that we are provided by your insurance company based on the information that you provide us. **If your insurance company denies payment for services, you will be responsible for what is not covered.**

TELEPHONE CALLS

Please know that every call is important to us and we do our best to answer each call. If we are experiencing a high call volume and no one is able to answer the phone immediately, please leave a voicemail at extension 102 and we will return your call as quickly as possible (if you know your providers extension you may dial him/ her directly).

All providers have their own after-hours emergency number. **Should you need to reach someone after the office is closed, you may call your therapist on their own after-hours emergency number.** The main MTC phone number will direct you to your therapist’s voice mailbox, which will provide you with their on-call number for urgent situations. *Phone calls beyond 10 minutes are subject to be prorated at the usual fee per session.*

PRESCRIPTIONS and MED MANAGEMENT

There is a \$25 fee for prescriptions called in between appointments. Appropriate prescriptions and refills are given at the time of appointment only and will last until the provider wants you back in for a follow up visit. If you lose a prescription, miss an appointment, or do not schedule a follow up appointment in a timely manner, to get appropriate refills, there is a \$25 fee for calling in or writing additional prescriptions. We reserve the right to deny refill requests if you have not been seen by the provider within 3-6 months, have missed multiple appts., have a past due balance, or other reasons the provider deems appropriate.

CONSENT

Your signature below indicates that you have read this agreement and consent to treatment by our providers under these terms and conditions. This agreement also serves as an acknowledgement that you understand the HIPPA privacy guidelines. If you would like a copy of this agreement, we will be glad to copy the signed form for you.

Client Signature

Date

Client (spouse) Signature

Date

Guardian Signature (if client is minor)

Date