



Required Client Information

Date: _____ Clinician Name: _____

Client Name: _____ Male Female

Date of Birth: _____ SS#: _____

Marital Status: Single Married Widowed Divorced Separated Civil Commitment Other

Primary Care Physician: _____

Clinic Phone/Fax: _____

Current/Past Drug Prescriptions: _____

Residence Type (house, apartment, room, etc): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

(By providing your email, we will be able to contact you with our behavioral health updates).

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Messages should be left at: Home Work Cell

Emergency Contact Name: _____ Relation to Client: _____

Emergency Contact Phone: _____

MEDICAL DIRECTIVE – Designate Name: _____

INSURANCE CARRIER (Primary): _____

Subscriber Name: _____ DOB: _____

Insurance ID: _____ Group ID: _____

Employer: _____

INSURANCE CARRIER (Secondary): _____

Subscriber Name: _____ DOB: _____

Insurance ID: _____ Group ID: _____



Required Signatures

Client's Name _____ Date _____

Parent/Guardian's Name (if client is a minor) _____

Supervisor Name (if applicable) _____

CONTRACT AGREEMENT

I have read the Outpatient Services Contract and agree to abide by its terms during the professional relationship between myself and Natalis Counseling & Psychology Solutions.

Patient Signature _____

Parent/Guardian Signature _____

AUTHORIZATION

I authorize Natalis Counseling & Psychology Solutions to verbally exchange with, obtain from, and fax information with my primary care physician, other clinic, and/or other healthcare provider as medically necessary.

Patient Signature _____

Parent/Guardian Signature _____

ASSIGNMENT OF BENEFITS

I authorize payment of medical benefits to Natalis Counseling & Psychology Solutions.

Patient Signature _____

Parent/Guardian Signature _____

BILLING AUTHORIZATION

I understand that I am financially responsible for charges not covered by the assignment of benefits above and that if an illness were such that it is not covered by the policy contract, I will be responsible for the payment of the entire bill.

Patient Signature _____

Parent/Guardian Signature _____

*****Late Cancel Policy**

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, we will try to find another time to reschedule the appointment. Natalis Counseling & Psychology Solutions: 651-379-5157

Outpatient Services Contract

Welcome to our practice. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

Psychological Services

Psychological services are not easily described in general statements. It varies depending on the personalities of psychologist and patient, and the particular problems you bring forward. There are many different methods we may use to deal with the problems that you hope to address. Psychological services and psychotherapy are not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the services to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychological services can have benefits and risks. Since these services often involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychological services have also been shown to have benefits for people who use them. These services may lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there is no guarantee of what you will experience.

Psychotherapy/Counseling Clients

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your clinician. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the clinician you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

Evaluation Clients

An evaluation may take one or multiple sessions depending on your needs. This usually includes an initial interview (or multiple interviews) as well as psychological tests to provide as much information as possible to answer any number of treatment questions. Follow-up sessions are then necessary to discuss information that is usually presented in a psychological evaluation report. Treatment recommendations are then provided and, if necessary, follow-up sessions may be scheduled.

Bill of Rights

Consumers of professional mental health services have the right:

- a) to expect that the professional consulted has met minimal qualifications of training and experience commensurate with service requirements and in accordance with professional and/or disciplinary standards;
- b) to be informed of the credentials of those by whom they are served;
- c) to be informed of the cost of professional services prior to receiving those services;
- d) to privacy as defined by rule and law;
- e) to be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
- f) to have access to their records as provided in Minnesota Statutes, section 144.335 subdivision 2, and;
- g) to be free from exploitation for the benefit or advantage of a therapist.

Sexual Behavior

Clinicians must not, under any circumstances, be involved with their clients in a sexual way. They may not “date” or behave with their clients in a “dating” manner. They are not to be involved in social relationships/functions with their clients. This prohibits going to lunch/dinner with clients.

Complaints

If you are dissatisfied with the services you are receiving, please immediately discuss your concerns with your clinician. A clinician needs honest feedback to be most effective. However, if you feel uncomfortable confronting your clinician with your concerns or if you are not satisfied with the result when you express your concerns, please contact another clinician on the staff.

In case you feel it is necessary to contact a professional group outside of **Natalis Counseling & Psychology Solutions**, it is your right to do so. Professional associations interested in promoting high quality service and professional ethics are:

Minnesota Psychological Association	Minnesota Board of Psychology
Minnesota Psychiatric Society	Minnesota Board of Medical Examiners
Minnesota Association of Social Workers	National Association of Social Workers
Minnesota Nurses Associations	Minnesota Board of Nursing
Minnesota Dept of Human Services	Minnesota Board of Marriage and Family Therapy
American Association of Marriage and Family Therapists	

Other Rights

- a) A client has the right to refuse to give any information (however, by not providing necessary information, the client will probably not fully benefit from the assistance being sought).
- b) A client has the right to challenge the accuracy of any of the information contained in the records; if a client wants to challenge any information, write to the Clinic Director, or talk with the responsible clinician. A challenge must be answered within 30 days.

Professional Fees

Please note that one clinical hour equals 45 minutes. Our fees range from \$125 to \$360 depending on the service. In addition to appointments, we charge this amount for other professional services you may need, though 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 ten minutes, attendance at meetings with other professionals you have authorized, preparation of records of treatment summaries, and the time spent performing any other services you may request of us. *If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$225 per hour for preparation and attendance at any legal proceeding.* Please note that any non-licensed clinician in the practice is supervised by a licensed psychologist on a regular basis. In addition, in order to provide you with the best treatment, we attempt to collaborate with each other.

Our current rates for psychological services for the year 2010 are as follows:

Initial Intake (45 minutes to one hour)	\$225
Individual Therapy (45 minutes to one hour)	\$175
Individual Therapy (30 minutes)	\$125
Family Therapy (45 minutes to one hour)	\$200
Psychological Testing (one hour)	\$200
Neuropsychological Testing (one hour)	\$275
Late Cancel or No Show	\$50

Our current rates for psychiatric services for the year 2010 are as follows:

Psychiatric Diagnostic Interview (40 minutes to one hour)	\$360
Medical Evaluation/Management Services (20 – 30 minutes)	\$180
Pharmacological management (15 minutes)	\$130
Late Cancel or No Show	\$50

Late Cancel Policy

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, we will try to find another time to reschedule the appointment. **Natalis Counseling & Psychology Solutions: 651-379-5157**

Billing and Payments

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. All co-payments, co-insurances, and/or outstanding balances are due at the time of your appointment, or we may have to ask you to reschedule your appointment. Payment schedules for other professional services will be agreed to when they are requested. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, we will try to find another time to reschedule the appointment.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its cost will be included in the claim. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of the services provided, and the amount due.

Insurance Reimbursement

In order 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 fill out forms and 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 our fees. It is very important that you find out exactly what mental health services your insurance policy covers.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. If this is the case, we will do our best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information, such as treatment plans or summaries, or copies of the entire record (in very rare cases). This information will become part of the insurance company files and will be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request.

It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above (unless prohibited by contract).

Contacting Us

When we are unavailable, our telephone is answered by an answering service that knows how to reach us. We will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform us of times when you will be available. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychologist/psychiatrist on call. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

In an emergency or crisis, please call Crisis Hotline 612-379-6363 or dial 911.

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents/guardians the right to examine your treatment records. It is our policy to request an agreement from parents/guardians that they agree to give up access to your records. If they agree, we will provide them only with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern. We will also provide them with a summary of your treatment when it is complete. Before giving them any information we will discuss the matter with you, if possible, and do our best to handle any objections you may have with what we are prepared to discuss. At the end of your treatment, we will prepare a summary of our work together for your parents/guardians, and we will discuss it before we send it to them.

Notice of HIPAA Privacy Practices

This Privacy Notice tells you about your rights about your health care records. You get a copy of this Privacy Notice to keep for yourself. You can look at this copy anytime to see what use is made of your health care records and who gets to see them. A new government rule requires that we give you this Privacy Notice to sign.

Our policy has always been to keep your records safe. Your records are usually kept in a folder of papers with your name on it. Your records can also be stored in a computer. Your records tell what treatments and tests you have had, and what decisions the mental health professionals have made.

SUMMARY OF YOUR PRIVACY RIGHTS:

We may share your health information to:

- treat you
- get paid
- run the clinic
- do research

We may use your health information for:

- health & safety reasons
- organ & tissue requests
- military purposes
- worker's comp. requests
- lawsuits
- law enforcement requests
- national security reasons
- coroner, medical examiner or funeral director use

You have the right to:

- get a copy of your medical record
- change your medical record if you think it's wrong
- get a list of whom we share your health information with
- ask us to limit the information we share
- ask for a copy of our privacy notice
- complain in writing to our office if you believe your privacy rights have been violated

Without your written authorization, Natalis Counseling & Psychology Solutions can use your health information for the following specific purposes:

- **Treatment.** Natalis Counseling & Psychology Solutions may share your health information with other internal or external clinicians providing service to you and your family members. The treatment selected will be documented in your record so that other professionals can make informed decisions about your care.
- **Payment.** In order for Natalis Counseling & Psychology Solutions to receive payment for the services provided, your personal health information will be provided to third party payers such as private insurance carriers or governmental insurance programs such as Medicaid or Medicare. This will typically include information that identifies you, your diagnosis, and the treatment provided to you.
- **Health Care Operations.** We may review your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your therapist, or examining the effectiveness of the treatment provided to you.
 - In addition, we may want to use your health information for appointment reminders. We may look at your record to determine the date and time of your next appointment with us and contact you with a reminder. We may also review your health information to determine if another treatment or a new service we offer may be beneficial to you.
- **As required or permitted by law.** Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.
- **For public health activities.** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your record to report certain diseases, injuries, birth or death information, information of concern to the Food & Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
- **For health oversight activities.** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for governmental benefit programs.
- **For activities related to death.** We may disclose your health information to coroners, medical examiners, and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
- **For organ, eye or tissue donation.** We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
- **For research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.
- **To avoid a serious threat to health or safety.** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe in good faith that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.
- **For military, national security, or incarceration/law enforcement custody.** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.
- **For worker's compensation.** We may disclose your health information to the appropriate persons in order to comply with the laws related to worker's compensation or other similar programs.
- **To those involved with your care or payment of your care.** If people such as family members, relatives, disaster relief personnel, or close personal friends are helping care for you or helping you pay for services you are receiving, we may release limited health information about you to those people. You have the right to object to such disclosure unless you are unable to function or there is an emergency. It is our duty to give you enough information so you can decide whether or not to object to release of your health information to others involved with your care.
- **For the quality of cost of care we deliver.** We may disclose your health information to companies that we contract with to review your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver.

SPECIAL NOTE: Except for the situations listed above, we must obtain your specific written authorization to release your confidential records.

If you sign the authorization form, you may withdraw your authorization at any time as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to the Privacy Officer or designee at Natalis Counseling & Psychology Solutions.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Privacy Officer or designee at Natalis Counseling & Psychology Solutions. Specifically you have the right to:

Inspect and copy your health information. The laws and ethical standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in our presence so that we can discuss the contents. We are sometimes willing to conduct a review meeting without charge. Patients will be charged an appointment fee for any professional time spent in responding to information requests.

1. **Request to amend your health information.** If you believe your health information is incorrect, you must make a written request to amend the information and give a reason why your health information should be changed. However, if we did not create the health information that you believe is incorrect or if we disagree with you and believe your health information is correct, we may deny your request.
2. **Request restrictions on certain uses and disclosures.** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed even if the restriction affects your treatment or our payment or health care operations activities. You may want to limit the health information provided to your family, disaster relief personnel, or friends involved in your care or payment of medical bills. However, we are not required to agree in all circumstances to requested restriction.
3. **As applicable, receive confidential communication of health information.** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish that information about your health status be sent to a private address. You may make a request at any time to your current service provider who will have you complete a Request for Confidential Communication of Health Information Form. We will accommodate reasonable requests that specify an alternative address or other method of contact and provide information as to how payment, if applicable, will be handled.
4. **Receive a record of disclosures of your health information.** In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days. In addition, we will not include in the list disclosures made to you or for purposes of treatment, payment, health care operations, national security, law enforcement/corrections and certain health oversight activities.
5. **Obtain a paper copy of this notice.** Upon your request, you may at any time receive a paper copy of this notice.
6. **Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of Health & Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact the Privacy Officer or designee at Natalis Counseling & Psychology Solutions.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact Natalis Counseling & Psychology Solutions Privacy Officer, Jonathan C. Hoistad, PhD, LP, at 651-379-5157.

Health Information Privacy Notice is effective April 14, 2003

Client Signature

Date