



Required Client Information

Date: _____ Clinician Name: _____

Who referred you? _____

Reason for this appointment:

Therapy Medication Management Psychological Testing Other: _____

Client Name: _____ Male Female

Race: African-American American Indian/Alaska Native Asian Caucasian Hispanic/Latino Native Hawaiian or other Pacific Islander Other: _____

Date of Birth: _____ / _____ / _____ SS#: _____ - _____ - _____

Marital Status: Single Married Widowed Divorced Separated Civil Commitment Other

Primary Care Clinic & Physician: _____

Clinic Phone #: _____ Clinic Fax #: _____

Current/Past Drug Prescriptions: _____

Address: _____

City: _____ State: _____ Zip: _____

Residence Type: House Apartment Room Group Home Other: _____

Home #: _____ Work #: _____ Cell #: _____

Please leave messages at: Home Work Cell

E-mail Address: _____

Appointment reminders are done via e-mail.

Emergency Contact Name: _____ Emergency Contact Phone: _____

MEDICAL DIRECTIVE – Designate Name and Phone #: _____

1 st INSURANCE CARRIER: _____	2 nd INSURANCE CARRIER: _____
Policy Holder Name: _____	Policy Holder Name: _____
Policy Holder's DOB: _____	Policy Holder's DOB: _____
ID#: _____	ID #: _____
GROUP #: _____	GROUP #: _____
EMPLOYER: _____	EMPLOYER: _____

All co-payments, co-insurances, deductibles, and balances are due at the time of your appointment.- Billing Department: 651-330-2360



Required Signatures

Client Name: _____ Client DOB: _____

if client is a minor, please print name of parent/guardian signing on behalf of the client:

Relationship to the Client: _____

PRINT PARENT/GUARDIAN'S NAME

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**.*

Client or Parent/Guardian Signature _____ Date _____

AUTHORIZATION

*I authorize **Natalis Counseling & Psychotherapy 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.*

Client or Parent/Guardian Signature _____ Date _____

ASSIGNMENT OF BENEFITS

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

Client or Parent/Guardian Signature _____ Date _____

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.

Client or Parent/Guardian Signature _____ Date _____

FINANCIAL POLICY

I understand that I am financially responsible for all appointments, unless cancelled with at least 24 hours of notice, a charge of \$75 per scheduled hour will be applied to my account. This charge is normally not payable by your insurance, and will be billed as your responsibility. Please help us serve you better by keeping scheduled appointments. Exception: Late cancellations due to bad weather causing school closures will be honored.

Client or Parent/Guardian Signature _____ Date _____

NOTICE OF HIPAA PRIVACY PRACTICES

I have read and acknowledge receipt of a copy of the Notice of Privacy Practices, Policies, and Procedures.

Client or Parent/Guardian Signature _____ Date _____



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 an alternative 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, or the Clinical Director 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 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).
- 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 \$75 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 of services for psychological services for the year 2012 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 (if not given 24 HOURS ADVANCED NOTICE)	\$75/hr
Court Preparation/Attendance at Any Legal Proceeding	\$225/hr

Our current rates of services for psychiatric services for the year 2012 are as follows:

Psychiatric Diagnosis Interview (40 minutes)	\$360
Medication Evaluation/Management Services (15 – 20 minutes)	\$180
Late Cancel or No Show (if not given 24 HOURS ADVANCED NOTICE)	\$75

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 you may need 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.

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, the cost will be included in the claim.

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.

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.

In an emergency or crisis, please call Crisis Connection 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. Federal law requires that we give you this Privacy Notice to sign.

SUMMARY OF YOUR PRIVACY RIGHTS:

We may share your health information to:	We may use your health information for:	You have the right to:
<ul style="list-style-type: none">• treat you• get paid• run the clinic• do research	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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