



## Required Client Information

Date: \_\_\_\_\_ Who your appointment is scheduled with: \_\_\_\_\_

Who referred you? \_\_\_\_\_ Referral's phone number: \_\_\_\_\_

Reason for this appointment:

Therapy  Medication Management  Psychological Testing  Other: \_\_\_\_\_

(Please complete the "My Medicine Record" from the Department of Health and Human Services).

Client Name: \_\_\_\_\_

Preferred Names: \_\_\_\_\_

Male  Female  Preferred Pronouns: \_\_\_\_\_

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

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Declined to Specify

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced  Separated  Civil Commitment  Other

Address: \_\_\_\_\_

Suite/Room/Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_

MEDICAL DIRECTIVE – Designate Name and Phone #: \_\_\_\_\_

1<sup>st</sup> INSURANCE CARRIER: \_\_\_\_\_ 2<sup>nd</sup> 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

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Relationship to the Client: \_\_\_\_\_  
PRINT PARENT/GUARDIAN'S NAME (if client is a minor)

By initialing below, you acknowledge that you have read and agree to the following statements:

\_\_\_\_\_

**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.

\_\_\_\_\_

**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.

Primary Care Clinic & Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Clinic Phone #: \_\_\_\_\_ Clinic Fax #: \_\_\_\_\_

\_\_\_\_\_

**ASSIGNMENT OF BENEFITS**

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

\_\_\_\_\_

**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.

\_\_\_\_\_

**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.

\_\_\_\_\_

**NOTICE OF HIPAA PRIVACY PRACTICES, CLIENT BILL OF RIGHTS, & STAFF RIGHTS & RESPONSIBILITIES**

I have read and acknowledge receipt of a copy of the Notice of Privacy Practices, Policies, and Procedures, Client Bill of Rights and Staff Rights & Responsibilities.

\_\_\_\_\_

**APPOINTMENT POLICY**

I understand that if I cancel or miss my first appointment for psychiatry that I will not be able to reschedule my appointment, and that if after I have established care with my Clinician (Psychiatrist and/or Therapist) that I may be discharged from the clinic, if I no show/late cancel to two scheduled appointments.

\_\_\_\_\_

**HDI Connect™**

I understand that Natalis Counseling & Psychology Solutions utilizes the HDI Connect™, a tool given on an electronic device such as an iPad, Kindle, or tablet, to better understand my needs in deciding which treatment option will work best for me. I understand that a separate charge for the HDI Connect™ will be billed to my insurance company and paid according to the terms and conditions of my specified medical insurance plan. I understand that I may be contacted via email or text (data rates may apply) for the HDI Connect™.

\_\_\_\_\_

**NON-CREDENTIALLED TREATMENT SERVICES**

I understand that I may receive treatment services from a clinician who is not directly credentialed by my insurance payer, but under the supervision of a licensed provider for my insurance payer. I understand and consent to services received by a non-credentialed clinician under the supervision of a licensed supervisor for my insurance payer.

Client or Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## CONFIDENTIALITY NOTICE

The information you share during psychotherapy sessions is protected by State and Federal laws of confidentiality. Your clinician is strictly prohibited from re-disclosing or sharing your private health information without your express written authorization. Anyone seeking information about you or what you disclosed during a counseling session will be told that Natalis Counseling & Psychology Solutions can neither confirm nor deny that you are a client of our agency without a proper authorization of release.

### LIMITS OF CONFIDENTIALITY:

As clinicians in the state of Minnesota, we are also what are known as mandated reporters. There are certain circumstances under which we are obligated to violate your confidentiality and report certain information to various regulatory agencies. What follows is a list of circumstances under which your confidentiality will be broken by your clinician without your permission:

- If you inform your clinician about abuse or neglect of a minor child
- If you inform your clinician about abuse or neglect of a vulnerable adult
- If you are knowingly pregnant and abusing or exposing your fetus to street drugs or excess alcohol use
- If you inform your clinician about sexual misconduct perpetrated by another mental health or medical professional
- If you inform your clinician that you are of imminent or expectable risk to yourself (i.e., suicidal)
- If you inform your clinician that you are of imminent or expectable risk to another person (i.e., homicidal)
- If the court, by judge's order, demands we release information, we are obligated to comply

### LIMITS OF CONFIDENTIALITY FOR MINORS:

All minors are subject to the same limits of confidentiality listed above. In addition, minor clients need to be aware that if they are not emancipated, their custodial parents or guardians have legal rights to information about their child's condition, diagnosis, progress, and medical records. However, a minor child does have a right to complete confidentiality in obtaining information about venereal diseases, pregnancy, associated conditions, and alcohol or other drug use.

### FEDERAL GUIDELINES ON CONFIDENTIALITY:

Please indicate below whether you would like a copy of the Federal guidelines on confidentiality: Health Insurance Portability & Accountability Act (HIPAA). If yes, please inform the front desk that you would like a copy.

\_\_\_\_\_ YES \_\_\_\_\_ NO

Your signature below indicates that you have read and understand the limits of confidentiality as explained above.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Signature of Parent or Guardian (if applicable)



## 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 your personality, the personalities of our providers, 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. When certain circumstances affect the provider's ability to achieve a commitment to providing their clients with quality service, the provider may decide to end the provider-client relationship. In some cases, it may be the client who decides to end the provider-client relationship.

Natalis Counseling & Psychology Solutions is an APPIC approved site and partners with several academic institutions; services at Natalis Counseling & Psychology Solutions may be provided by one of our supervised residents (interns and practicum students). All Natalis Counseling & Psychology Solutions' residents are supervised by a licensed professional.

### 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.

### Psychiatry and Medication Refills

Psychiatric services are provided to clients currently receiving psychotherapy/counseling or evaluation services at Natalis Counseling & Psychology Solutions. Please note that if you cancel or miss your first appointment for Psychiatry, you will not be able to reschedule your appointment. If after you have established care with one of our Psychiatrists/Nurse Practitioners and you late cancel or no show to two or more of your scheduled appointments, you will be discharged.

For prescription refills, please contact your pharmacy one to two weeks in advance to allow for appropriate care coordination. Please have your pharmacy fax refill requests to 651.379.5159.

Please make sure that you show up to your scheduled appointments on time, or else they will have to be rescheduled. In any case that your Psychiatrist/Nurse Practitioner is running behind, we will inform you of how long you may expect to wait.

## 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 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

Minnesota Association of Social Workers National Association of Social Workers

## 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

Our fees range from \$25 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 and Natalis Outcomes, our partner agency, for care coordination and behavioral health outcomes.

### **IMPORTANT: APPOINTMENT POLICY**

It is important that scheduled appointments are kept. Cancelling or missing appointments with our office can result in not being allowed to reschedule. Any disputes or appeals in regards to a late cancel/no show appointment can be written and addressed to our Quality Care Group via e-mail at [qualitycare@natalispsychology.com](mailto:qualitycare@natalispsychology.com) or via airmail at:

**Natalis Counseling & Psychology Solutions**  
**ATTN: QUALITY CARE GROUP**  
**1600 University Avenue West**  
**Suite 12**  
**Saint Paul, MN 55104**

### **Our current rates of services for psychological services for the year 2017 are as follows:**

Diagnostic Assessment Interview Intake	\$225
Individual Therapy (up to 30 minutes)	\$125
Individual Therapy (up to 45 minutes)	\$175
Individual Therapy (up to 60 minutes)	\$200
Family Therapy (up to 45 minutes)	\$200
Group Therapy	\$100
Biofeedback	\$200
Psychological Testing (this includes: administration, scoring, interpretation and reporting)	\$200/hr
Neuropsychological Testing (this includes: administration, scoring, interpretation and reporting)	\$275/hr
+ Interactive Complexity Add-On	\$25
Late Cancel or No Show (if not given 24 HOURS IN ADVANCE OF SCHEDULED APPOINTMENT) ***	\$75/hr
Court Preparation/Attendance at Any Legal Proceeding	\$225/hr

### **Our current rates of services for psychiatric services for the year 2017 are as follows:**

Psychiatric Diagnostic Assessment Interview Intake	\$360
Medication Evaluation/Management Services (15 – 20 minutes)	\$250
+ Interactive Complexity Add-On	\$25
Late Cancel or No Show(if not given 24 HOURS IN ADVANCE OF SCHEDULED APPOINTMENT) ***	\$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 the Crisis Connection Hotline at 612-379-6363 or dial 911. You may also text "LIFE" to txt4life at 61222 for personal and confidential help. Standard data and text rates apply for txt4life.**

### Our office is closed on the following days:

New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving Day, Christmas Eve (closed after noon), Christmas Day, and New Year's Eve (closed after 4:00 pm). Advanced notice will be given for any other office closures.

## 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"><li>• treat you</li><li>• get paid</li><li>• run the clinic</li><li>• do research</li></ul>	<ul style="list-style-type: none"><li>• health &amp; safety reasons</li><li>• organ &amp; tissue requests</li><li>• military purposes</li><li>• worker's comp. requests</li><li>• lawsuits</li><li>• law enforcement requests</li><li>• national security reasons</li><li>• coroner, medical examiner or funeral director use</li></ul>	<ul style="list-style-type: none"><li>• get a copy of your medical record</li><li>• change your medical record if you think it's wrong</li><li>• get a list of whom we share your health information with</li><li>• ask us to limit the information we share</li><li>• ask for a copy of our privacy notice</li><li>• complain in writing to our office if you believe your privacy rights have been violated</li></ul>