



Consent for Treatment

As a consumer of Mental Health Services, you have a right to certain things from a therapist and an obligation to provide certain things to a therapist. Please read the following information and ask me if you have any questions.

EMERGENCIES

In case of any emergency, please call 320-864-6139 or 952-361-9700. We will respond to your call as soon as possible. When we are not available, we will instruct you to: 1.) Contact your family physician, 2.) Call 911, or 3.) Go to your closest emergency room.

FEES

\$225 per diagnostic hour/\$150.00 per clinical hour. An additional charge of \$25 per clinical hour may be added for Interactive Complexity. Full payment including deductible payment or insurance co-payment is expected at the time of service. Please remember that YOU are responsible for the charges incurred regardless of your insurance plan. Please be sure to verify insurance coverage.

CANCELLATIONS

If you need to cancel your appointment, please do so as soon as possible. There will be a \$75.00 charge for late cancellations--appointments cancelled with less than 24 hours notice. Two late cancellations or failed appointments may result in termination of services with The Jonas Center.

PRIVACY AND RIGHTS POLICY

The Health Insurance Portability and Accountability Act (HIPAA) provides privacy protections and client rights for the use and disclosure of Protected Health Information (PHI). A Notice of Privacy Practices is attached for your review. No one but you has access to the clinical file without your written consent with a few exceptions: 1.) Child Neglect or Abuse, 2.) Vulnerable Adult Neglect or Abuse, 3.) Subpoenaed Health Oversight (Licensure) Activities, 4.) Court Orders for Judicial and Administrative Proceedings, 5.) Serious Threats of Health or Safety Regarding Yourself or Someone Else, 6.) Worker's Compensation, and 7.) Written Request of Privacy from a Minor. Other exceptions may arise, however it is my intention to do everything possible to keep information about you private.

You are not required to, however it is important for you to provide me with accurate and complete information regarding your current and past mental health and medical conditions as well as any treatments you have received or medications you are or have taken in order for me to provide the best services possible. Also, please notify me of any changes in your physical or emotional health.

CONSULTATION

Your situation may be reviewed during consultations with other mental health professionals in order to provide you with the best possible ongoing services. *Identifying information will not be disclosed.*

TERMINATION OF SERVICES

Upon completing the last documented appointment, your formal relationship with The Jonas Center will be considered terminated either through mutual agreement between you and your therapist OR not more than TWO months following your last appointment.

COMPLAINTS

Please contact your therapist or James Jonas, Director as soon as possible regarding any complaint you have. If it is not satisfactorily resolved, you may contact the following licensing boards: Minnesota Board of Social Work 2829 University Avenue SE #340 Minneapolis MN 55414 (Phone: 612-617-2100)(www.socialwork.state.mn.us), the Minnesota Board of Marriage and Family Therapy 2829 University Avenue SE #330 Minneapolis MN 55414 (Phone: 612-617-2220) (www.bmft.state.mn.us), the Minnesota Board of Psychology 2829 University Avenue SE #320 Minneapolis MN 55414 (Phone: 612-617-2230)(www.psychologyboard.state.mn.us), or the Minnesota Board of Behavioral Health and Therapy 2829 University Avenue SE #210 Minneapolis MN 55414 (Phone: 612-617-2178)(www.bbht.state.mn.us).

This Consent is in effect until the end of treatment or one year from the dated signature below.

I have read and understand the above information. I have received a copy of the Notice of Privacy Practices.

Parent/Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____