

Informed Consent to Treat

Permission for treatment

- I/We consent to the therapy. I/We understand that therapy can be a difficult and challenging experience. All patients move through the therapeutic process at different rates and in different ways, including possible periods of grief and sadness.
- I/We understand the frequency and duration of therapy appointments is determined in collaboration between the patient and therapist based on the agreed upon treatment plan.
- There are no recognized standards to assess the potential risks and benefits of treatment.

Confidentiality

Contents of all therapy sessions are confidential. Both verbal information and written records about a patient cannot be shared with another party without the written consent of the patient or the patient's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a patient discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the patient discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the patient.

Abuse of Children and Vulnerable Adults

If a patient states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to patients. Information that may be requested includes, but is not limited to types of services, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

Subpoena from the court

A Signed Authorization to obtain or share information with another as determined and agreed to by the patient.

Financial agreement

- Terri Ross Family Connections expects all deductibles and co-payments to be paid in full. There will be a monthly statement sent by the contracted firm of Advanced Billing Services, but payment will be accepted any time before receiving said statement.
- I/We are responsible for all costs incurred at Terri Ross Family Connections. It is my responsibility to know my insurance coverage for outpatient mental health services.
- I/We authorize my insurance benefits to be paid to Terri Ross family Connections.

Terri Ross Family Connections LLC
Terri Ross LMFT. MN License #1731
416 Heritage Place
Faribault, MN 55021

- Terri Ross Family Connections will file insurance claims unless you do not want your insurance company billed.
- I will notify Terri Ross Family Connections of any change in coverage.

Terri Ross Family Connections fee for service is \$90 per hour if paid on the date of service. When billing insurance companies the rate is:
\$150/therapy hour, \$125/45 minutes therapy, \$100/30 minutes therapy
\$200 for a Diagnostic Assessment \$175 for a Brief Diagnostic assessment or Updated Diagnostic Assessment in accordance with MN Statutes and Rules

Cancellation Policy

Upon a second missed appointment without notification a half session fee is charged for missed appointments or cancellations unless it is due to illness or an emergency. A bill will be mailed directly to all patients who do not show up for and have not cancelled an appointment if you have had one prior missed appointment unless there is an emergency. Thank you for your consideration regarding this important matter.

Telemedicine

Patients have the freedom to choose distance counseling/Telemedicine when the patient is in the therapists' licensing state of MN, with the understanding that:

- It is available in limited situations such as the therapist being away from the office, or the patient is unable to travel to the office, or for limited brief situations that require a therapy session and circumstances of an audio session is in the patient's best interest.
- Telemedicine has safety risks because it isn't conducted face to face. The therapist will be assessing for patient and others' safety at the start, throughout and at the end of the telemedicine session. If necessary, emergency contacts will be made for the safety and wellbeing of the patient and others. Telemedicine has the risk for miscommunication or misinterpretations because it is not face to face. There is a risk of lack of confidentiality due to the location of the patient when/where the phone call is made.
- The therapist and patient have had at least one face to face therapeutic session. The exception is for patients previously screened for Employee Assistance Programs and they are not having suicidal thoughts.
- The therapist will determine, based on previous knowledge from therapeutic sessions and patient's diagnosis, if telemedicine is in the patient's best interest and is beneficial to the patient on a time limited basis. Face to face sessions will resume as soon as practical.
- The therapist has the right to discontinue Telemedicine. If face to face therapy isn't practical the therapist will refer to other services/therapy programs that are more suitable for the patient.

I agree to the above limits of confidentiality and understand their meanings and ramifications.
I/We are signing this consent without undue influence and can terminate treatment at any time.

Patient Signature (Patient's Parent/Guardian if under 18)

Today's Date