



## **PATIENT NOTIFICATIONS, AGREEMENTS, AND CONSENT TO TREATMENT**

Please read this document carefully. It notifies you of many of your rights and responsibilities and will represent an agreement between you and Acacia Counseling & Wellness (hereafter referred to as "Acacia") unless it is amended or terminated in writing.

### **PROFESSIONAL SERVICES**

While many problems can be well addressed in psychotherapy, therapy does not always accomplish everything expected or hoped for and may at times bring up uncomfortable feelings. Working through these feelings is a typical part of the therapeutic process. Successful treatment is greatly enhanced by attending treatment at the suggested frequency, arriving on time, and discussing any concerns you have with your therapist. For select clients, a therapist may determine that it is clinically appropriate to offer to go outdoors for a portion of your session. In this situation, you will sign a separate consent form. If you believe your therapist has mismanaged your treatment or your privacy, you are encouraged to discuss this with him/her directly. You may also report any concerns to the Clinical Director, the Department Of Consumer Affairs' Board of Psychology (<https://mn.gov/boards/psychology/>), or the Board of Behavioral Health (<https://mn.gov/boards/behavioral-health/>).

### **CONFIDENTIALITY**

In general, law protects the confidentiality of all communications between a patient and a mental health professional and the provider can only release information about your treatment to others with your written permission. However, there are some situations in which the provider is legally entitled or even required to release patients' information without their authorization. Your provider may release information to your insurance company to obtain authorization for treatment, payment or other purposes, such as for quality improvement programs. Information may also be disclosed without notification for the purposes of professional consultation, in lawsuits against the therapist or Acacia, in Worker's Compensation claims, and in health oversight activities of government agencies. In all such cases, disclosed information is limited to only that which is necessary or required. **If the provider believes that a child, an elderly person, or a dependent adult is being abused, he/she is mandated to file a report with the appropriate agency. As providers, we are also required by law to report to authorities any client that discloses developing, duplicating, printing, downloading, streaming, or accessing any images of persons, under the age of 18, engaged in an act of obscene sexual conduct. If the provider believes that a patient is imminently dangerous to himself/herself/themselves or to another, he/she/they is required to take protective actions, which may include contacting authorities, family members, or others who can help prevent harm.**

This authorization allows for Acacia staff to leave voicemail messages on your personal messaging system.

### **TREATMENT RECORDS**

Laws and professional standards require that treatment records be created and maintained. A complete copy of our Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices describing the protection and use of your health information will be provided to you and is also available at [www.acaciaw.com](http://www.acaciaw.com).

## FEES

By signing this form, you are agreeing to pay the agreed-to fee or insurance copay for each session at the beginning of each session. You are strongly urged to read your insurance policy concerning deductibles, co-payment, annual limits, and the process for appeal of denied services. **You are responsible for services not covered by your insurance policy.** It is up to you to ascertain with your insurer the particular coverage to which you may be entitled.

**If an appointment is missed or canceled with less than 24 hours notice, by signing this form you are agreeing to pay the late cancellation fee of \$50 for non-psychiatric appointments and \$100 for psychiatric appointments.** "Twenty-four hours notice" is inclusive of weekends and holidays, so if your appointment falls on a Monday and/or after a holiday, notice of cancellation must be given the day prior to that appointment, not the weekend or holiday. Most insurers do not pay for missed sessions, therefore your credit card will be kept on file, and an automatic late fee will be charged to your card. You will not be charged this fee for late cancellations, when you and your therapist agree it was due to unavoidable circumstances such as being in an accident or being too sick to attend your session.

If your account has not been paid for more than 60 days and arrangements for payment have not been mutually agreed upon by you and Acacia, Acacia has the option of using legal means to secure payment from you. This may involve hiring a collection agency or going through small claims court. If such a legal action is necessary, the costs for doing so will be included as your responsibility in the claim.

## FREQUENT CANCELLATION POLICY

By signing this form, you are acknowledging that there is a late cancellation/no-show fee for sessions and that it requires 24 hours notice to avoid the fee. Additionally, after two cancellations/late cancellation/no-shows, you will be informed that one more such cancellation/late cancellation/no-show will result in a removal from your scheduled recurring appointment. After three cancellation/late cancellation/no-shows (within 3 months), you are removed from the calendar and notified that you will have to reach out to the office the week of a desired appointment. No response results in the allotted time being scheduled with a new or existing client.

Your signature indicates that you have received a copy, read, understand, and are willing to abide by the above agreement. It also indicates your informed consent to engage in services with Acacia.

If you have any questions about any information contained in this form, please feel free to ask prior to any issues that may arise. We are more than happy to provide clarification.

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_