

TREATMENT:

Therapy can be very helpful if you are willing to work hard to make changes in your life. Your decisions remain your responsibility. Because therapy involves looking in detail at your problems, it can be very emotional and difficult. The number and frequency of sessions varies widely, depending on the nature and severity of the problem(s), and the client's motivations and life circumstances. You are under no obligation to complete treatment here at the Utah Healing Center (UHC). If at any time you are dissatisfied with the therapy treatment, you agree to notify UHC that your therapy may be altered or an appropriate referral to another mental health practitioner may be made.

CONFIDENTIALITY:

Your records are kept in strict confidentiality. However, there are limits to the confidentiality. I will release information about you under the following circumstances:

1. **You sign a form giving me permission to release your records to a certain person or place;**
2. **You are a potential danger to yourself or others;**
3. **A UHC provider suspects, or you report abuse of a child or an elder, including physical beatings or sexual abuse.**
4. **A UHC provider suspects prenatal exposure to controlled substances that may harm the unborn child;**
5. **A UHC provider is served with a subpoena in a court case or a judge orders UHC to release your records;**
6. **A UHC provider is required to use a collection agency or court action to collect our fees; (UHC will only release billing information in this case); or**
7. **A UHC provider is required to defend UHC or any of our therapists against ethical or legal charges concerning your case.**

I hereby acknowledge that I have received and been given an opportunity to read, a copy of UHC's *Notice of Privacy Practices*. I agree to allow my Protected Health Information (PHI) to be used to provide treatment, arrange for payment for services, or for other ways as outlined in the Notice. I understand that if I have questions regarding the Notice or my privacy rights, I can discuss them with my provider.

PERSONAL CONDUCT:

Everyone is expected to conduct him or herself in a responsible manner. A session should not be held when anyone is under the influence of a nonprescription drug, including alcohol. Violence (physical or verbal) is never acceptable. Either behavior may result in discontinuing a session or, if necessary, calling the proper authorities. Sexual relations between a client and his/her therapist is against the law. Racism, sexism, and other forms of discrimination are not permitted.

CONSENT FOR QUALITY ASSURANCE:

We believe in training future therapists. Sessions will sometimes be photographed, videotaped, recorded and viewed by therapists in training (e.g. associate therapists, play therapy trainings, trauma focused trainings, eye movement desensitization and reprocessing, mindfulness, animal-assisted therapy sessions, etc.) and their supervisors. Sessions may be joined by other therapists in training (e.g. associate therapists and their supervisors. Students, therapists, and supervisors may also review cases and clinical notes for supervision and quality assurance. These measures are necessary to insure clients receive a high quality of treatment. Confidentiality still applies. Insurance companies and the Utah Department of Health require that we obtain quality assurance surveys to assure you are receiving the highest quality of care. Data from client records (e.g. files, photos, videotapes, surveys) may be used for program evaluation, quality assurance, client improvement, and research. Your participation in research is voluntary and will be confidential.

TREATMENT OF MINORS:

Minor children cannot be treated by therapists at UHC unless this Informed Consent to Treatment and Professional Services Contract has been signed by all parties having a claim upon the child's well-being. If minor is under the care of a single parent or guardian(s), proof in the form of court or state documents showing their sole responsibility for the minor must be presented to UHC prior to minor treatment.

RELEASE OF PROTECTED HEALTH INFORMATION AUTHORIZATION TO INSURANCE OR THIRD PARTY:

I authorize the UHC to disclose case record information to the insurance company or third party payer I have named, for the purpose of my receiving payment reimbursement.

TRANSITION FOR CONTINUITY OF CARE:

It is our policy to provide referrals and resources for patients when needed. It is also our policy to update clients treatment plans every 90 days. If a client is not reaching their treatment goals their therapist may choose to start talking to client about transitioning to another therapist or a higher level of care.

SUICIDE SAFETY:

As our client, if you start to feel like you are going to hurt yourself in anyway, you agree that you will follow the agreed upon safety plan until you can see your therapist. You also agree to go to the nearest hospital, call 911, or call mobile crisis 801-587-3000, if you feel like you cannot be safe.

FEES:

Our services are based on a fee-for-service contract. The beliefs of the client and the therapist about treatment and payment of fees are very important. Problems with unpaid bills may lead to difficulties in the therapeutic process. You are responsible to pay all co-pays, deductibles, sessions not covered by insurance, and simple charges at time of service. Optum Salt Lake County Medicaid members do not have to pay for covered services received when they have Medicaid. Responsible parties for all clients must notify UHC of any changes in insurance coverage. Parents and Guardians will be required to keep a credit card on file and will be charged at time of service if a minor is not accompanied by an adult to their appointments. If a patient balance exceeds \$150 the patient or responsibility party will be automatically enrolled in a payment plan.

Missed and forgotten appointments interfere with your treatment and consequently result in downtime for us. The responsible party will be billed a \$100 fee for appointments that are not canceled in advance (please note that insurance companies and Optum do not cover this fee). After two no-show appointments you will be transferred to another therapist or discharged. If you need to reschedule an appointment, please call us 24 hours in advance at **801-266-4643**. We have voicemail to record your message 24 hours a day, 7 days a week. If the patient's appointment is canceled less than 24 hours in advance then the responsible party will be billed a \$50.00 late cancel fee. Phone calls over 15 minutes are \$75.00 per 15 minutes, these are not covered by insurance and will be billed to the responsible party. Short emergency telephone calls are not charged. Copies of records are \$25.00 plus \$0.50 per page, plus postage. Copies of medical records take a minimum of 30 days to be pulled and sent the person requesting them. Completing a form, report, or letter is a minimum of \$75.00 per letter and revision; this is not covered by insurance and will be billed to you. A letter will take a minimum of two weeks to write. Going to court is \$150.00 per hour with a three-hour minimum charge, for a minimum of \$450.00. It must be paid before the court date. It takes a therapist a minimum of 30 days to prepare for court, please give them enough notice to prepare. Court preparation is billed at \$125.00 per hour and will include chart review, discussions with attorneys, testimony preparation, etc. These must also be paid in full before the court date. Court preparation and attendance is not covered by insurance and will be billed to the patient's responsible party, unless otherwise noted in the chart. The responsible party is responsible for all attorney's fees that are accumulated by Utah Healing Center on their account. Responsible party agrees that if they are the only person who attends a group session that session will be billed as an individual session.

You need to be prepared to pay for services on the day they are received. You agree to pay interest of 18% on any unpaid account balances over 60 days regardless of pending insurance claims. In the event of default in payment of any amount due and/or if this account is placed in the hands of an agency or attorney for collection or legal action for any reason, you agree to pay all additional charge equal to the cost of collection with 25% interest or all attorney's fees as defined in 15 U.S.C. Sec. 1692a. This may include agency fees, collection fees, and court costs incurred and permitted by laws governing patient accounts.

The UHC uses a third party billing and scheduling system (AdvancedMD). This is a new system to ensure your appointments and fees are accurate. Please let us know if there are any discrepancies in your billing. A patient portal is available for your convenience through the system.

INSURANCE COVERAGE:

Your therapist is a licensed practitioner in the state of Utah. For your convenience, the UHC will file all in network insurance claims for you to your primary insurance companies. For us to do this, you must make sure you have completely filled out the **Client Information Form** and provided us with all of the necessary insurance and personal information. It is your responsibility to determine the amount of coverage your insurance company provides, if pre-approval is required for treatment to begin, deductibles, yearly coverage, co-pay amounts, etc. If you are out of network it is your responsibility to pay our self-pay rate on date of service and UHC will provide necessary forms for you to bill your insurance. If you have any questions on your bill, please contact UHC.

PATIENT GRIEVANCE PROTOCOL

It shall be the policy of The UHC to address any patient complaint at the earliest possible time. Patients may register complaints concerning any aspect of their care by making their concerns known to any UHC employee. Patients may also call the Administrative Director at **801-266-4643** and dial extension **102** or e-mail admin@utahhealingcenter.org to file a complaint. Patients who have Medicaid may also contact Optum Medicaid with grievance at 877-370-8953. All Patients may request a complaint form from the front desk to submit to the Administrative Director or Optum.

I AGREE TO PARTICIPATE IN THE PSYCHOTHERAPY PROCESS WITH MY THERAPIST AT THE UHC. I HAVE READ AND UNDERSTAND AND AGREE TO THE TERMS OF THIS CONTRACT.

Signature of Client (if not a minor)

Date

Signature of Guardian

Date

Signature of Witness

Date