MINDFUL CONNECTIONS
Cultivating Awareness, Intention, and Intimacy

Bridget Manley Mayer, MS, LMFT
www.MindfulConnections.com
Bridget@mindfulconnections.com
Phone: 651-829-3950
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Client Information

Welcome to Mindful Connections Counseling. I will work with you to provide appropriate, high quality services. A client who understands and participates is likely to achieve the best results. I have the responsibility to give you the best care possible and to respect your rights and to help you understand your responsibilities as a client. I have prepared this information to help you identify these rights and responsibilities.

Rights

You have the right to:

Dignity
You have the right to be treated with dignity and respect and to receive the same treatment as anyone else, regardless of your race, sex, creed, color, beliefs, national origin, source of payment, age, religion, disability or sexual preference.

Privacy and Confidentiality
This practice is bound by the provisions of the Minnesota Privacy Act. No information will be released to persons or agencies outside of Mindful Connections Counseling without your consent, except by court order. If anyone wants information from me or your record, your written permission is required. Before granting permission, you must be satisfied that the information is really required. Be sure you understand the information being given out and that giving it out will help you. You may wish to refuse permission or withdraw it after it has been given.

When parents sign a permission form, minors may request that information in their file not be made available to their parents. However, I may not provide therapy services to minors without parental permission.

Exceptions to Confidentiality
There are seven situations in which client confidentiality is not maintained:

1) If I have knowledge of, or reasonable cause to believe, a child is being neglected or physically or sexually abused, in which case Minnesota statutes (1976, Section 626.656, Subdivision 3) require that such information be reported.
2) Maltreatment of Vulnerable Adults (as specified in the Vulnerable Adults Act, Minnesota Statute 626.557) must be reported.
3) If I have reason to believe there may be physical harm done to any person.
4) If I am required by specific court order to disclose information.
5) The Minnesota Department of Human Services may, on occasion, monitor our files to assist in program and fiscal planning. This is provided for in the Minnesota Data Privacy Act of 1975.
6) If I have knowledge of, or reasonable cause to believe a pregnant woman is taking drugs, Minnesota statutes require such information to be reported.
7) If I need to disclose your name to collection agencies for the purpose of obtaining delinquent payment for services rendered.

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You have the right to:

Understand
You have the right to be informed of my assessment of your problem in language that you can understand, treatment alternatives, possible outcomes, and side effects of treatment modalities, my recommendations for treatment expected length, cost and hopes for outcome of treatment.

Physical and Sexual Safety
Mindful Connections Counseling, in accordance with its internal policy and with state law, prohibits any sexual behaviors or contact with current or former clients.

You have the right to:

Consent or Refuse
You can be treated without consent only if there is an emergency and, in my opinion, failure to act immediately would jeopardize your health. Otherwise you may refuse treatment or change your mind at any time. Please discuss your objections with me. Try to be sure of what you want or do not want.

Your Records
You have the right to see my records concerning yourself and your children (minors may request that their records not be shown to their parents).

You have the right to challenge the accuracy of any information in your records and insert your own explanation of information to which you object. If you request a copy of your records, a fee will be charged for retrieval, copying, and sending the file. The fee will be charged and paid in advance.

Your records will be kept by Bridget Manley Mayer at Mindful Connections Counseling for a period of time that is in compliance with the Board of Marriage and Family Therapy.

A Safe Environment
No weapons are allowed on the premises.

Rights of the Therapist
I reserve the right to be treated with respect. This includes personal safety, the right to be paid promptly for services, the right to terminate services if not paid, and the right to decide the extent of disclosure regarding my personal life.

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Client Responsibilities

As a client, you have responsibilities as well as rights. You can help yourself by being responsible in the following ways:

Being Honest
You are responsible for being honest and direct about everything that relates to you as a client. Please tell me exactly how you feel about things that you are experiencing.

Actively Participating
You are responsible to actively participate in the development of your treatment plan. Your ideas around what you need to do are as important as your therapist's.

Understanding and Following the Treatment Plan
You are responsible for fully understanding your treatment plan to your own satisfaction. If you do not understand your treatment plan, please discuss it with me. Your complete awareness of the treatment plan is very important to its success. It is your responsibility to let me know whether or not you can and want to follow the treatment plan or treatment recommendations. Please let me know.

Keeping Appointments
You are responsible for keeping appointments. If you cannot keep an appointment, please email me so that another client can be seen. **YOU WILL BE CHARGED THE FULL FEE IF YOU FAIL TO KEEP THE APPOINTMENT OR DO NOT CANCEL 24 HOURS IN ADVANCE.**

Accepting Your Financial Responsibility
It is your responsibility to remit full payment at the time of service. You will have the option of pursuing reimbursement with your insurance company. If you do not comply with this payment policy, and you do not make arrangements for payment, I will be forced to turn your account over to a collection agency.

Knowing Your Therapist
Therapists must have special formal training in order to be licensed or certified in their specific fields. You are entitled to ask your therapist what her/her training is, where it was received, and if he/she is licensed or certified.

By Being Responsible For Your Valuables
You are responsible for your valuables both on your person, as well as in your car and your car itself. Mindful Connections Counseling cannot be held responsible for loss or damage to your property on the premises.

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Crisis Intervention Services
You have the right to utilize after-hours Crisis Intervention Services in the event of life threatening or potential life threatening situations.

The following numbers are useful to keep on record:

- Crisis Intervention Center 612.647.3161
- Crisis Connection 612.379.6363
- First Call for Help 211
- General Emergency 911

You have the right to go to any hospital emergency room. (However, it is important to know that your insurance may not cover emergency services from any hospital. If this is a concern for you, you may want to call ahead and check.)

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Notice of Privacy Practice

I care about my client's privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that I issue this official notice of my privacy practice. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that information.

This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice, please contact me.

Who will follow this Notice?

Any health care professional authorized to enter information into your medical record, all employees, staff, and other personnel who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

Changes to this Notice

I reserve the right to change this Notice. I reserve the right to make the revised or changed Notice effective for medical information I already have about you as well as any information I receive in the future.

How I may use and Disclose Medical Information About You

The following categories describe different ways that I may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not all possible uses or disclosures are listed.

For Treatment: I may use information about you to provide you with medical treatment or services.

For Payment: I may use and disclose medical information about you so that the treatment and services you receive from me can be billed and payment collected from you, an insurance company, or a third party. Example: I may need to send your protected health information, such as name, address, office visit date, and codes identifying diagnoses and treatment to your insurance company for payment.

For Health Care Operations: I may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: I may use medical information to review my treatment and services and evaluate my performance of caring for you.

Other Uses or Disclosures That Can Be Made Without your Consent or Authorization

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical information
- To workers' compensation or similar programs for processing of claims
- In response to legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the FDA
- Other healthcare providers' treatment activities
- Other covered entities' and providers' payment activities
- Other covered entities healthcare operations activities (to the extent permitted by HIPAA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Health oversight activities
- Other public health activities

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I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization Other uses and disclosures of medical information not covered by this Notice or the laws that apply to me will be made only with your written authorization. If you give me authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, I will hereafter no longer use or disclose medical information about you or the reasons covered by your written authorization. I am unable to take back any disclosures I have already made with your authorization, and I am required to retain my records in accordance with the Board of Marriage and Family Therapy.

YOUR INDIVIDUAL RIGHTS REGARDING DISCLOSURES AND CHANGES TO YOUR MEDICAL INFORMATION:

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information I use or disclose about you for treatment payment or health care operations or to someone who is involved in your care or the payment of your care. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to me. In your request, you must tell me what information you want limited.

Right to an Accounting of Non-Standard Disclosures: You have the right to request a list of disclosures I made of medical information about you. To request this list, you must submit your request in writing to me. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six years. Your request should indicate what form you want the list. The first list you request in a 12-month period will be free. For additional lists, I reserve the right to charge you for the cost of providing the list.

Right to Amend: If you feel that medical information I have about you is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to me. In addition, you must provide a reason that supports your request. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if the information was not created by me, is not part of the information kept at this practice, is not part of the information which you would be permitted to inspect and copy, or which I deem to be accurate and complete. If I deny your request, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy of such a rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

YOUR ACCESS TO MEDICAL INFORMATION:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you can submit your request in writing. If you request a copy of the information, I reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. I may deny your request to inspect and copy in certain very limited circumstances.

Right to a Paper Copy of This Notice: You have the right to a paper copy of our current Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice, please submit it in writing.

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Right to Request Confidential Communications: You have the right to request how I should send communications to you about medical matters and where you would like those communications sent. To request confidential communications, you must submit your request in writing. I will not ask you the reason for your request. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. I reserve the right to deny a request if it imposes an unreasonable burden.

Complaints: If you believe your privacy rights have been violated, you can file a complaint with me or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

Acknowledgement of Receipt of Notice of Privacy Practice:

_____
Name of Client

_____ _____
Signature of Client Date

_____ _____
Witness Date

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Billing and Collection Policy

Professional services are rendered and charged to the client's account. Although you may submit my billing form containing your diagnosis and the date you were seen, I cannot be responsible to know whether or not services are covered. Policies are written with different deductibles and limitations. You may call the 1-800 number on the back of your card for information.

Payment is expected at the time of service by cash, check or credit card.

My fee is $130 per 50 minute session for therapy.

Other charges which may be made to your account include preparation and writing of all letters, reports, school and hospital conferences or for lengthy telephone calls. Brief calls are not charged. Calls beyond 15 minutes are charged at the hourly rate.

Your file may be reviewed in the office by you. An appointment must be made so that a private space is made available. Should you need a copy of your file, a retrieval fee of $10 is charged in advance plus a copying cost of $.75 per page. If the file is large, a confidential copying service may be used.

A CHARGE TO YOUR ACCOUNT WILL BE MADE FOR ANY SCHEDULED APPOINTMENT WHICH IS NOT CANCELLED AT LEAST 24 HOURS IN ADVANCE. (Illness or hazardous weather exceptions apply.)

Please read this document carefully and ask questions for clarifications.

_____
Name of Client

_____ _____
Signature of Client Date

_____ _____
Witness Date

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Treatment Agreement

Client's Rights and Responsibilities: I have received a copy of my rights and responsibilities and understand its contents.

Notice of Privacy Practice: I have received a copy of the notice of privacy practice and understand the contents as well as the procedure to report a complaint, grievance or rights violations.

Your Right to Privacy: I understand that it is Mindful Connections Counseling policy not to release information about a client without a signed release of information. I have received a copy of the exceptions to this policy.

Mental Health Services: I give permission to Mindful Connections Counseling to evaluate, administer diagnostic assessment, develop a treatment plan with my participation and to refer to medication management if needed. I understand that the practice of medicine and psychotherapy is not an exact science and I acknowledge that no guarantees have been made to me as the result of assessment or treatment in this facility.

After Hours Emergency: If there is an after hours Emergency, I can refer to the list of resources given to me for crisis assistance.

Billing and Collection Policy: I understand and agree to Mindful Connections Counseling's billing and collection policy.

Telephone Confidentiality: In the event that Mindful Connections Counseling staff must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Unless you give us other instructions below, we will call your home and/or office and ask to speak to the client or guardian without identifying the name of the agency (to protect confidentiality). If necessary we will identify ourselves by using the mental health professional's name only. If we reach an answering machine or voice mail we will follow the same guidelines. If you'd like us to contact you by another procedure, please list where we may reach you by phone and how you would like us to identify ourselves.

Home_____ Identify as_____

Work_____ Identify as_____

Other_____ Identify as_____

I have read this handout and understand its contents.

Client Name-Please print _____ Client Signature _____

Parent or Guardian's Signature _____ Date _____