

STRENGTH OF MIND
Behavioral Health
Client Information, Office Policy Statement and Informed Consent

Welcome!

Thank you for choosing Strength of Mind for your outpatient behavioral health needs. Please take a moment to familiarize yourself with the following information. Please feel free to ask the office staff or your clinician any questions you may have regarding any of these policies.

Goals/Aims and Statement of Patient Rights and Responsibilities:

- The major goal for treatment is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This is accomplished by:
 1. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
 2. Identifying personal treatment goals.
 3. Promoting wholeness through psychiatric treatment and/or psychological and spiritual healing and growth.
- You are responsible for providing necessary information to facilitate effective treatment and are expected to play an active role in your treatment. This includes working with your clinician to outline your treatment goals and assess your progress. There may also be negative consequences if you do not follow through with recommended treatment(s).
- You are responsible for providing us your insurance information prior to your appointment. If insurance is provided at the time of the appointment you will be private pay until we can verify your insurance benefits.

As a patient receiving services through Strength of Mind, you have the following rights/ responsibilities:

To help plan your care and make changes to it. To expect that teaching materials and aids will be written or presented in a manner in which you can understand. To have your records kept confidential except when written consent has been given. To expect that services will be provided in a timely manner. To receive care without discrimination because of race, religion, age, sex or ethnic origin. To refuse services or withdraw yourself from treatment at any time. To participate in planning your care and to be under supervision of Strength of Mind clinicians. To schedule an appointment and cancel, when necessary, at least 24 hours in advance. To arrive on time for scheduled appointments. I understand that if I am more than 10 minutes late for an appointment that the appointment will have to be rescheduled.

Appointments:

Office hours are Monday-Thursday, 9:00 a.m. to 5:00 p.m. and Friday, 9:00 a.m. to noon. Appointments are scheduled for 15 to 50 minutes. It is your responsibility to keep track of your scheduled appointments. We offer a courtesy reminder call. *Cancellations must be made within 24 business hours. PLEASE NOTE: You will be billed \$50 for a missed *initial* appointment. You will be billed \$50 for a *follow up* appointment with no show or no call or \$25 for each appointment cancelled with less than *24 hours notice. Insurance companies do not reimburse patients for missed appointments; this will be your financial responsibility. ***We reserve the right to cancel your appointment due to your tardiness or to terminate services for attendance related issues.***

Payments:

Payment is due at the time of service. We will file your insurance claim on your behalf, but you are responsible for deductibles, co-insurance, co-payments and any other costs not paid for by your insurance company. It is your responsibility to familiarize yourself with your insurance benefits. Patients who choose not to use insurance may receive a discount. Checks that are written and returned to us for non-sufficient funds will be assessed a \$38 fee. This fee plus non-sufficient original amount of the check will be due to our office immediately and must be paid with a different form of payment.

Letters and Paperwork:

All letters and paperwork that are requested by you or a third party and approved for completion by the staff and/or clinician will be charged a fee. Each fee is determined based on the amount of work required by the staff and/or clinician. **Payment is due prior to any letters or paperwork being completed.**

Court Testimony and Custody Evaluations:

Strength of Mind therapists and physicians make every effort to maintain confidentiality and therefore do not testify in court regarding custody, divorce action, or other legal matters. You are not permitted to contact your therapist personally or via your attorney for such matters, nor are you permitted to request your clinician to testify in court on your behalf. If your therapist is contacted or subpoenaed for testimony, you agree to pay all court costs, legal fees, and hourly rates for your therapist's time.

Prescription Processing Fee:

Please contact your pharmacy for medication refills. All controlled prescriptions (Adderall, Ritalin, Focalin, Concerta, etc.) must be written by the physician. You may request in advance a script before your next scheduled office visit. *All patients will be charged a \$5 fee due at the time of pick up for these scripts.* **Please allow up to 72 hours to process.** Our office implements a \$5 fee for scripts not picked up before expired.

In the event of an emergency, call 911 or go to the nearest emergency room.