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 and email reminder. *Cancellations must be made within 24 business hours. PLEASE NOTE: You will be billed $75 for a missed *initial* appointment. You will be billed $75 for a *follow up* appointment with no show or no call or $40 for each appointment cancelled with less than *24 hour 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 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. This may result in termination of services.

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

Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my health and medical care, Strength of Mind originates and maintains medical and health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I further understand that this information serves as:

→ a basis for planning my care and treatment

→ a means of communication among the healthcare professionals who contribute to my care

→ a source of information for applying my diagnosis and treatment information to my bill

→ a means for a third-party payer to verify that services were billed as actually provided

→ and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I further understand and agree that this agreement to release information shall apply to all information accumulated up to this date and to any information acquired in the future. This agreement to release future information shall remain in force until such time as I shall revoke it in writing.

I understand and have been provided with a **PATIENT PRIVACY NOTICE** that provides a more complete description of information uses and disclosures. I understand that I have the right to review the **PATIENT PRIVACY NOTICE** prior to signing this consent. I understand that, Strength of Mind, reserves the right to change their notice and practices, but that prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to request restriction as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that Strength of Mind is not required to agree to the restrictions requested. I understand that I must revoke this consent in writing, except to the extent the organization has already taken action in reliance thereon.

By Oklahoma law we are required to notify you ....**that the information authorized for release may include records which may indicate the presence of a communicable, noncommunicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).**

Treatment of a minor

Parents legally have rights to all information their children share in therapy. However, Strength of Mind makes it a practice to keep what is shared private unless it deals with unsafe or illegal behavior. Strength of Mind will not withhold information from either parent unless the proper legal documentation stating a parent's rights have been terminated is provided.