

STRENGTH OF MIND

Client Information and Office Policy Statement Informed Consent

Welcome!

Thank you for choosing to enter treatment. This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. Your clinician will answer any questions you have regarding any of these policies.

Aims and Goals:

The major goal 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.

You are expected to play an active role in your treatment, including 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).

Appointments:

Appointments are usually scheduled for 15 to 50 minutes. The practice's hours in Claremore are Monday-Thursday, 8:00 a.m. to 5:00 p.m. and Friday, 8:00 a.m. to noon; and in our south Tulsa location, Monday-Thursday, 9:00-5:00 p.m. and Friday, 9:00 a.m. to noon. You may discontinue treatment at any time, but please discuss any decisions with your clinician. In the event of an emergency, please call your primary care physician or the local emergency room.

Payments:

Payment is due at the time of the session. We will file your insurance claim, but you are responsible for deductibles, co-insurance, and co-payments. It is your responsibility to familiarize yourself with your insurance benefits. Patients who choose not to use insurance will receive a discount. Services may be discontinued if fees remain unpaid for an extended period of time. We reserve the right to retain a collection agency or attorney to collect unpaid fees after termination of therapy if the former client fails to make a reasonable effort to pay off any outstanding balance.

Checks that are returned to us with 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 in cash.

Cancellations and Missed Appointments:

You will be billed \$50 for a missed *initial* appointment. You will be billed for appointments that cancelled with 1 business day advance notice. Insurance companies do not reimburse for missed appointments.

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 clinicians will be charged a fee. Each fee is determined based on the amount of work required by the staff and/or clinicians. **Payment is due prior to any letters or paperwork being completed.**

Court Testimony and Custody Evaluations:

Clinicians make every effort to maintain client confidentiality and therefore do not testify in court regarding custody, divorce action, or other legal matters. Your clinician and/or staff cannot be contacted personally or via your attorney to testify in court. If your clinician and/or staff is contacted/subpoenaed on your behalf for testimony, you agree to pay all court costs, legal fees, and hourly rates for your clinician's time.

STRENGTH OF MIND
STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

As a patient receiving services through Strength of Mind, I acknowledge that I have the following rights:

1. To help plan my care and make changes to it.
2. To expect that teaching materials and aids will be written or presented in a manner that I can understand.
3. To have my records kept confidential except when written consent has been given.
4. To expect that services will be provided in a timely manner.
5. To refuse services.
6. To receive care without discrimination because of race, religion, age, sex or ethnic origin.

As a patient receiving services through Strength of Mind, I acknowledge that I have the following responsibilities:

1. To participate in planning my care and to be under the supervision of Strength of Mind clinicians.
2. To schedule an appointment and cancel, when necessary, at least 24 hours in advance. **I understand that if I fail to keep my appointment and fail to cancel it in advance, a \$25 cancellation fee will be accrued. The \$25 fee will be paid on or before the next visit.**
3. To arrive on time for scheduled appointments. I understand that if I am **more than 10 minutes late** for an appointment that the appointment may have to be rescheduled.
4. To allow at least **3 business days** for medication refill requests to be processed.
5. To provide payment for any services not covered by insurance.
6. To inform the Strength of Mind staff, *immediately*, of any changes in my health, insurance information or relationships with other care/service providers.
7. As a parent or guardian with a child under the age of 18, physical presence is required at all times. It is not the office staff's responsibility to provide sitting services during appointments. **If left unattended, it is the right of Strength of Mind to cancel appointments immediately.**
8. To understand that **the physicians at Strength of Mind will not be managing any chronic pain medications and that I must find another physician to prescribe these medications.**