

# MIDWEST CENTER FOR TRAUMA AND EMOTIONAL HEALING

## GENERAL POLICIES AND PRACTICES

### FEE SCHEDULE/ INSURANCE:

37-40 Minute Session: \_\_\_\_\_

53-58 Minute Session: \_\_\_\_\_

Group Session: \_\_\_\_\_

Neuromuscular: \_\_\_\_\_

Other: \_\_\_\_\_

Please be informed that insurances may cover less than the above charges. You are ultimately responsible for services rendered.

Please let us know if you are in any open litigation, involved in any court proceedings, or have been in a recent accident. This can effect the privacy of your records and your therapist needs to inform you of your rights and the limitations.

**CANCELLATION:** You are charged in full for appointments in which a 24-hour notice is not given. There are a number of people waiting to be seen and with a 24-hour notice we are often able to get them an appointment.

**LATENESS:** I will wait 20 minutes beyond the scheduled meeting time before considering the session a no show. You are charged in full for cancellations less than 24 hours, and this cannot be billed to your insurance company.

**EMERGENCY PROCEDURE:** The clinical staff at Midwest center is not available on an emergency basis. If there is a crisis or urgent matter that can't wait, please call 911 or your local crisis hotline, or go to your nearest emergency room.

**DATA PRIVACY AND CONFIDENTIALITY:** I abide by all federal and state laws governing your privacy and confidential information given in the context of therapy. Your records belong to your health care provider. Only you control their availability for reasons you understand and consent to.

Following are situations where I am mandated to break your confidentiality:

- Threats made with intent to take your life or the life of someone else.
- Child abuse or neglect
- Abuse or neglect of a vulnerable adult
- The use of a controlled substance during pregnancy
- A court order

## MINORS AND CONFIDENTIALITY

If you are a minor you have the right to request that information be kept from your parents. This request must be in writing and demonstrate that you understand the consequences of doing so.

## INFORMED CONSENT TO THERAPY:

We will develop a treatment plan based on your wants and needs. If at any time you have concerns or questions about your therapy you are invited to address this in therapy. As you make changes in your life, those changes can affect your relationships in helpful and challenging ways. Throughout therapy, we will discuss the impact of changes made.

We believe therapy happens in a respectful, gracious and collaborative relationship free of any control, threat or violence.

Each provider at Midwest Center for Trauma and Emotional Healing LLC is practicing independently and subject to Minnesota law and the code of ethics for their specific licensure.

I have read, understood and agree to the above information:

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Client Signature

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Date