



Informed Consent

We feel it is important that you are fully informed of the services you will be receiving.

THERAPY AND COUNSELING: Regular therapy sessions are limited to a clinical hour (approximately 50 minutes). The time for sessions is set aside for each client, so it is important to be on time.

The Counseling Center @ MHA has a cancellation policy requesting notice of cancellation 24 hours in advance. Frequent or multiple cancellations without advance notice could result in termination of services.

Because of our tight schedules, clinicians are not routinely available for client phone calls or email. Treatment issues and questions should be handled during scheduled sessions. Our Client Access staff is available during business hours to assist with any scheduling issues.

Clinicians are not available for on call, crisis situations. If there is an immediate emergency, clients should call Community Crisis Center at 316-660-7500 or 988.

All our clinicians are licensed through the Kansas Behavioral Science Regulatory Board. The clinician you are seeing holds the following license: LMSW-T LPC-T LMFT-T

LMSW LSCSW LPC LCPC LMFT LCMFT LMAC LAC LCAC APRN

OTHER _____

If applicable, your clinician receives clinical supervision from

Name: [Click or tap here to enter text.](#)

License Type [Click or tap here to enter text.](#)

License Number [Click or tap here to enter text.](#)

Childcare is not provided in the waiting room. Clients need to make necessary arrangements for the care of minors prior to their therapy session.

CONFIDENTIALITY: Except under specific circumstances required by law, communications with clinicians will be held in confidence as will records regarding treatment, unless the client gives written consent authorizing access. Family members are not entitled access to client information solely because they are family.

There are certain circumstances in which Clinicians must break confidentiality. According to Kansas Statute, those circumstances exist when: 1) a Clinician believes that a client may be a danger to self or others; 2) the Clinician believes that a child, elderly, or disabled person may be subject to abuse, neglect, or exploitation; 3) when a court order exists mandating information must be provided. In rare circumstances, Federal or State law may identify other circumstances requiring a clinician break confidentiality.

PRIMARY CARE: Kansas law requires that Clinicians consult with a primary care physician or psychiatrist to determine if there may be a medical condition that is contributing to symptoms of a mental illness. In order to complete such a consultation, the Clinician will request a release of information and authorization form.

RISKS AND BENEFITS OF TREATMENT: I understand that there are risks and benefits associated with treatment. Risks associated with mental health treatment may include experiencing uncomfortable or painful feelings, such as sadness, guilt, anxiety, anger, or frustration. Counseling may bring up painful memories and can involve sharing information which may cause you to feel vulnerable. Clients have the right to leave therapy at any time and should discuss termination with the Clinician. However, according to the American Psychological Association, "the average person who engages in psychotherapy is better off by the end of treatment than 80 percent of those who don't receive treatment at all. Other potential benefits of treatment include:

- Improved communication and relationship skills
- Improved self-acceptance and self-esteem
- Capability to change self-defeating behaviors and habits
- More suitable expression and management of emotions
- Relief from depression, anxiety, or other mental health conditions
- Greater confidence and decision-making skills
- Ability to manage stress more effectively
- Improved abilities for problem-solving and conflict resolution

MINORS: As legal guardian, you authorize and give legal consent to treatment at the Mental Health Association of South Central Kansas.

While parents are not required to attend every therapy session with their child, we want to acknowledge that as a parent, you play an important role in your child's treatment. Research shows that kids benefit the most from mental health therapy when their parents are involved. When parents and the family are involved, your child feels more supported, that the work is not just on them, and that there is a team of people that have their back. At a minimum, you will need to meet with your child's therapist one time every 90 days to review the child's treatment plan.

ENGAGEMENT IN SERVICES: If there is no activity on a client file for a period of **45 days**, the case will be closed. Clients can re-engage in treatment by calling the Counseling Center @ MHA and scheduling a new intake assessment.

MEDICATION MANAGEMENT SERVICES: Routine medication refills should be completed by calling your pharmacy of choice. For changes to medications, call during regular business hours. You may be asked to schedule an appointment to initiate the request. Medications will not be refilled or changed after hours. Lost prescriptions for controlled substances are not replaced.

TELEMENTAL HEALTH SERVICES: If utilizing telemental health services, the client is responsible for (1) providing the equipment and internet access for my telemental health services, (2) the security of my electronic device, and (3) arranging a location with sufficient privacy that is free from distractions or intrusions for my session(s). There are potential benefits to participating in telemental health sessions such as the ability to continue care with my current provider during the public health emergencies.

There are also potential risks by participating in telemental health. Counseling Center clinicians utilize secure audio/video transmission software to deliver telemental health services. However, risks might still exist despite all efforts taken to secure my confidentiality and privacy.

SOCIAL MEDIA: Clinicians do not engage with current or former clients in any form of social media, including, but not limited to, Facebook, Twitter, Instagram, and LinkedIn.

PAYMENTS

INSURANCE: The Counseling Center @ MHA will file insurance claims on behalf of the client. The office will accept the maximum allowable reimbursement for services. The client is responsible for any deductible, co-insurance, and co-payment due. The client is 100% responsible for any non-covered services rendered. The Counseling Center will not become involved in disputes between the client and the insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered services, and "usual and customary charge. Insurance benefits are a contract between the client and the insurance carrier; therefore, it is the client's responsibility to be informed and knowledgeable about the benefits available. The client is responsible for timely payment on the account. The client is responsible to inform us of any insurance changes, including additional or new policies.

You authorize The Mental Health Association to disclose diagnosis, dates of service, and type of service as well as any other additional information required by the client's insurance carrier to process insurance claims for payment. Clients further authorize the payment of insurance benefits directly to The Mental Health Association for services provided.

CO-PAYS: Co-payments are due prior to the service. Failure to have co-payment at the time of service will result in rescheduling of appointment.

CASH PAYMENTS: For those without insurance, the Counseling Center @ MHA offers a cash discount at the time of service to those requesting services. The discount is offered only if paid at the time of service. Otherwise, published rates apply.

UN-PAID BALANCES: Clients normally receive a statement from the Mental Health Association monthly, after the insurance company has processed the claims. The statement reflects charges that the insurance company has not paid. Payment is due within 30 days of the statement date. An account is considered past due if not paid by the date on the statement unless prior arrangements have been made with the billing office. If no attempts at payments have been made, the account may be referred to a collection agency. We accept cash, check, money orders, debit cards, MasterCard, and Visa.

RETURNED CHECK FEE: The charge for a returned check is \$25.00 payable by cash or money order. This fee will be applied to the client account in addition to the insufficient fund amount. The Counseling Center @ MHA reserves the right to prohibit this payment method if this occurs.

COURT COSTS CONSULTATION/SPECIAL DOCUMENT PREPARATION: If a client becomes involved in legal proceedings that require a therapist or clinician's participation, the client is expected to pay for all professional time related to the proceedings; including preparation, transportation, report writing, and actual time in attendance. These fees apply even if a therapist or staff is called by another party. The costs for these services are \$175.00 per hour.

REFUND POLICY: All payments received from client/insurance/other funding will be applied to the corresponding outstanding charges. Upon fulfillment of the outstanding balance due (including co-payments, deductibles, and non-covered services by insurance) any overage paid by the client/responsible party will be refunded by check within 45 days of discharge.

CONSUMER GUIDE: The following information is contained in the MHA Consumer Guide available on our website at www.mhasck.org or in our offices.

- List of my responsibilities as a client
- Description of MHA services
- Information about HIV (for alcohol/drug services only)
- How to obtain services during regular hours of operation
- How to obtain services after-hours or in an emergency
- Information about satisfaction surveys
- Information about confidentiality practices and exceptions
- Copy of Notice of Privacy Practices
- Information about billing and payment
- Information regarding fees and co-payments
- Information about treatment of minors
- Process for submitting a complaint or suggestion
- Advanced Directives
- Service Animal Policy
- Bullying and Harassment Policy

Preferred Communication

I acknowledge protected health information provided through email or text messaging may not be encrypted and may be at risk for inadvertent disclosure if you lose the media, it is intercepted or it is stolen. By requesting the use of email or text messaging, I accept this risk. I also understand that it is my responsibility to update the Counseling Center about any changes to my contact information.

I consent to communication via Email Text Neither

Client

Date

Guardian

Date

Staff

Date