



## **OUTPATIENT SERVICES CONTRACT**

Welcome to our practice. This document contains important information about our professional services and business policies. Please read this contract carefully and note any questions you might have so that you can discuss them with your therapist. The law requires our agency to obtain your signature acknowledging that we have provided you with this information at the end of this session. By signing the signature page which lists this document, it will represent an agreement between you and Harmony Mental Health. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless we have taken action in reliance on it; e.g. if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

## **PSYCHOLOGICAL SERVICES**

Psychotherapy varies depending on the personalities of the therapist and patient, and the particular problems you bring forward. Therapists at Harmony Mental Health will tailor therapy methods as well as their style of therapy to meet your needs. In order for the therapy to be most successful, you will have to actively work on things we talk about both during our session and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what your work together, including options, and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working your therapist. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about the procedures, please discuss them whenever they arise. If your doubt persists, we will happily assist with a referral to mental health professional for a second opinion.



## **MEETINGS**

Evaluation normally takes place during the first two to four sessions. During this time, you and your therapist can both decide if they are a good match in order to provide the services you need to meet your treatment goals. Once psychotherapy has begun, appointments are normally scheduled for approximately 55 minutes session per week at a time that is agreed upon by you and your therapist. Once an appointment is scheduled, you will be expected to keep that time unless you reschedule with at least 24 hour notice. Weekly appointments have been shown to be the best fit for most clients. However, your therapist may recommend either higher or lower frequency for scheduled appointments. Your therapist's recommendation and acceptance of their recommendation is an agreement between the client and therapist. If you are not able to or do not wish to follow the recommended frequency, please discuss that with your therapist. Clients are subject to the Attendance Policy if they do not attend according to the agreement made with their therapist.

## **CONTACTING HARMONY MENTAL HEALTH**

We are often not immediately available by telephone. We may not be able to answer the phone when we are with a patient. We do not offer emergency or crisis counseling. If you are experiencing an emergency, we ask that you call 911 or present to the nearest hospital emergency room. For non-emergency concerns or questions, you may call us at 763-400-8000 with a clearly stated return number. We will try to return your call within one business day.

## **PROFESSIONAL FEES**

Our other professional fees are outlined in a separate financial policy document which is available upon request. In order to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. Harmony Mental Health policy states that all fees are due at the beginning of each service hour. It is your responsibility to ensure payment at each session. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan.



## **HEALTH INSURANCE**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Harmony Mental Health will file insurance claims and/or fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. Insurance companies may require pre-approval for some services and some services are not allowed by insurance companies. You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company. It is very important, and your responsibility, to find out exactly what mental health services your insurance policy covers.

## **ATTENDANCE POLICY**

Failure to show for an appointment without contacting your Harmony Mental Health therapist constitutes a NO-SHOW. An appointment is considered a NO-SHOW at 16 minutes after the scheduled start time. A therapist is not obligated to conduct a shortened session if not negotiated prior to the session. A fee of \$200 may be charged for a NO-SHOW. If a client has two NO-SHOWS in one calendar year, Harmony Mental Health's staff may remove all future appointments for you on their schedule. At that point, Harmony Mental Health may no longer be able to provide therapeutic services and if so, will assist with a referral for obtaining therapy services elsewhere. Your therapist may offer to reschedule appointments; however, you will be subject to any wait list delays. If a client knows they will likely be late for session, they are advised to contact their therapist in advance to inform them. If client is more than 15 minutes late, they may be asked to reschedule their appointment.

Clients who are insured through state-funded plans (Medical Assistance, PMAP) cannot be charged fees for late cancellations or missed appointments. In these cases, failure to show for an appointment or appearing more than 15 minutes after the scheduled start time of the appointment will result in a documented NO-SHOW, NO CHARGE. If a client has two NO-SHOW, NO CHARGE appointments in one calendar year, Harmony Mental Health's staff may remove all future appointments for you on their schedule. At that point, Harmony Mental Health may no longer be able to provide therapeutic services and if so, will assist with a referral for obtaining therapy services elsewhere. Your therapist may offer to reschedule appointments; however, you will be subject to any wait list delays.



Cancellations should be made at least 24 hours prior to time of appointment. Unless you are insured through state-funded plans, you may be charged \$45 for cancellations less than 24 hours ahead of time (voice mails 24 or more hours ahead of time are acceptable). Cancelling two out of three or three out of five appointments is against Harmony Mental Health's policy and may result in your removal from the appointment schedule.

Most sessions last between 45 to 55 minutes. Harmony Mental Health has established that in order to provide quality service, if a client is more than 15 minutes late, they may be asked to reschedule their appointment. You may be charged \$45 if you have been asked to reschedule your appointment due to tardiness unless you have a state-funded insurance plan. Clients with state-funded plans who have been asked to reschedule their appointment due to tardiness may be removed from the clinician's schedule if the client is asked to reschedule two appointments in a row, or three out of five appointments.

## **PROFESSIONAL RECORDS**

The laws and standards of the practice of psychology require that treatment records are kept for 7 years. You are entitled to receive a copy of the records unless your therapist believes that seeing them would be emotionally damaging for you, in which case Harmony Mental Health will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. Harmony Mental Health recommends that you review them in your therapist's presence so that you can discuss the contents. Clients may be charged appropriate fees for any time spent preparing information requests.

## **MINORS**

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is Harmony Mental Health policy to request an agreement from parents that they will not request access to your records in order to respect the teen's privacy; Therapist will provide parents only with general information about your work together, unless your therapist feels you are engaging in high-risk activities or that you are being harmed. In this case, the therapist will inform your parents/guardians of the concerns and may need to contact CPS. Frequency and depth of treatment summary to parents is recommended to be decided between parents and provider.



Any child under the age of twelve must be accompanied in the building by an adult, even if the adult does not regularly engage in therapy sessions.

## CONFIDENTIALITY

In general, law protects the privacy of all communications between a patient and a therapist. We can generally only release information about our work to others with your written permission. The following are a few examples of situations we may be compelled to release your confidential information:

- If you are involved in a court proceeding and a request is made for information concerning the professional services that Harmony Mental Health has provided to you, such information may be disclosed if a judge orders it or you provide consent to release information.
- If a government agency, pursuant to their lawful authority, is requesting the information for health oversight activities. We may be required to provide it for them.
- If a client files a complaint of lawsuit against me, we may disclose relevant information regarding that client in order to defend ourselves.
- If a client files a worker's compensation claim, we might have to disclose information related to the claim to appropriate individuals, which may include the patient's employer, the insurer or the department of Labor and Industry.
- There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if your therapist believes that a child or vulnerable adult is being abused, that therapist must file a report with appropriate agency.
- If your therapist believes that a patient is threatening serious bodily harm to another, the therapist is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, the therapist may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Harmony Mental Health staff may occasionally find it helpful to consult other professionals about a case. During consultation, we make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. Harmony Mental Health comprises of therapists and administrative staff. We may share protected information with each other for both clinical and administrative purposes, such as scheduling and quality assurance.



## CLIENT RIGHTS AND RESPONSIBILITIES

As a client, you have certain rights and responsibilities. Being aware of these will help you receive optimum services and will better enable you to reach your goals.

- You have the right to **DIGNITY** as an individual human being. You have the right to the same consideration and treatment as anyone and to be free from discrimination regardless of your **IDENTIFIED GENDER, SEXUAL ORIENTATION, RACE, COLOR, ECONOMIC STATUS, AGE, ABILITY, or BELIEFS**.
- You have the right to high **QUALITY SERVICES** and individualized assessment and treatment. Harmony Mental Health will make every effort to provide you with considerate and respectful care. Additionally, Harmony Mental Health is interested in your feedback. The goal is to serve you in the most helpful way possible.
- You have the right to **RESPECT**. You will be respected at all times regardless of who you are and where you come from. If you have concerns about your treatment, please discuss this openly and honestly with your therapist. Respect for life requires that providers, upon learning of potential life-threatening situations, warn others as dictated by the Tarasoff Act.
- You have the right to **INDIVIDUALITY** and your unique **CULTURAL IDENTITY**.
- You have the right to be free from maltreatment or abuse as defined by the Vulnerable Adults Protection Act or Maltreatment of Minors (Minnesota Statutes section 626.5572, subdivision 15 or section 626.556;
- You have a right to **PRIVACY**. Information collected will be used to determine need for treatment, appropriateness of services provide treatment planning, and compliance with licensing and funding agencies. You may refuse to give data, but a minimum will be required before treatment services are provided. Excluding the identified exceptions noted herein, no data will be shared without your written consent. Your right to **CONFIDENTIALITY** and the limits to confidentiality will be respected according to the Harmony Mental Health Minnesota Privacy Notice.
- You have the right to **INFORMATION**. You may review the contents of your file if so requested. You have the right to be informed that some of the information from your chart may be used, with your name removed, for program improvement, research, or training.
- You have the right to **UNDERSTAND**. You have the right to know your diagnosis, the recommended treatment options, who will provide treatment, the cost, and the expected length of treatment. You are encouraged to ask your therapist if any of these items are unclear.



- You have the right to REFUSE TREATMENT. Even though your therapist may recommend treatment options you may choose to not follow his/her/their advice.
- You have the right to SAFETY. You have the right to be in a safe environment and free from physical, emotional, or sexual harassment. If you find yourself in an unsafe situation at Harmony Mental Health, you have the right to request, and Harmony Mental Health has an obligation to assist you in creating, an effective harassment prevention plan.
- You have the right to VOICE DISSATISFACTION. A grievance procedure is available as a means for clients to voice complaints. Harmony Mental Health takes complaints seriously. You will not be retaliated against if you wish to make a complaint.
- You have the right and will be assisted if you wish to submit a complaint to the governing board your therapist has his/her/their license with.

## **GRIEVANCE PROCEDURE**

If you wish to make a complaint (file a grievance) you have the right to do so without retaliation. Harmony Mental Health will actively work with you to achieve a mutually agreeable resolution to your complaint. Harmony Mental Health asks that you follow the below procedure in order to come to the most optimal resolution in a timely manner.

1. You may file a grievance against your therapist or other Harmony Mental Health staff without retaliation. We ask that you do so in writing.
2. Please present your grievance to your therapist as a first step. You should attempt to work out a resolution with your therapist.
3. You will be notified in writing that Harmony Mental Health management has been made aware of your grievance.
4. If you have not been able to achieve an agreeable resolution with your therapist, you will be afforded an opportunity to present your grievance to Harmony Mental Health management. If your therapist is a Harmony Mental Health managing partner, you will be afforded an opportunity to present your grievance to a second Harmony Mental Health managing partner.
5. If you have not been able to reach a resolution to your grievance, you always retain the right to make a complaint to the appropriate governing board:
  - MN Board of Psychology, 2829 University Ave SE, #320, Minneapolis, MN 55414
  - MN Board of Social Work, 2829 University Ave SE, #340, Minneapolis, MN 55414





- MN Board of Marriage & Family Therapy, 2829 University Ave SE, #330, Minneapolis, MN 55414
- MN Board of Behavioral Health and Therapy, 2829 University Ave SE, #210, Minneapolis, MN 55414
- MN Board of Medical Practice, 2829 University Ave SE, #500, Minneapolis, MN 55414
- MN Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155
- MN Department of Health, Office of Health Complaints, PO Box 64975, St. Paul, MN 55164, 651-201-5000
- Office of the Ombudsman for Mental, Health and Developmental Disabilities, 121 7th Place East, Suite 420, St. Paul, MN 55101, 651-757-1800 or 1-800-657-3506, [ombudsman.mhdd@state.mn.us](mailto:ombudsman.mhdd@state.mn.us)

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