

INFORMED CONSENT

This document contains important information about the professional services and business policies of WellSpring Therapy Center and your therapist. Please read it carefully and ask any questions you might have. Once you sign this, it will constitute your therapy agreement with WellSpring Therapy Center and your therapist.

Psychotherapy

Psychotherapy is a cooperative effort between the client and the therapist. Your therapist may be trained in a variety of therapies and will decide which type of therapy is best for you. Psychotherapy has been proven to have significant benefits for people who are willing to be active participants in the process of change. We encourage you to ask questions and offer ideas regarding your treatment. If at any time you wish to terminate therapy, please discuss it openly with your therapist.

Appointments

Therapy sessions vary in duration and frequency according to your needs. Typically, a session will last 45-55 minutes. Once you have scheduled an appointment you must provide 24-hour notice of cancellation. If you fail to provide this 24 hour notice you will be billed for the missed appointment. Your insurance will not be billed for your missed session. We understand that emergencies do arise and we encourage you to inform us of those situations. We invite discussion of any misunderstandings that may occur about appointments.

Confidentiality

In general, the law protects the confidentiality between a client and the therapist. However, there are the following exceptions:

- 1) The client authorizes the release of information with a signature.
- 2) The therapist is ordered by the court to release information.
- 3) The client presents a physical danger to self or others.
- 4) There is evidence or reasonable suspicion of child/elder abuse and/or neglect.

Minors seen in individual session are not legally entitled to confidentiality; rather, their parents have this right. However, unless the minor feels that he/she has some privacy in speaking with their therapist, the benefits of therapy may be lost. Therefore, it will be necessary for you, your child, and the therapist to work out an arrangement in which your child feels that privacy is being respected, while at the same time you have access to critical information. This will be a verbal agreement between the three parties.

You should be aware that most insurance agreements require you to authorize your therapist to provide a diagnosis, and sometimes additional clinical information such as a treatment plan. When an insurance company requests an entire record we obtain written permission from the client prior to releasing this information.

Contacting Your Therapist

When your therapist is unavailable, please leave a message. Every effort will be made to return your call on the same day with the exception of weekends and holidays. If it is an emergency and you cannot wait for us to return your call, you should do one of the following:

- 1) Call your psychiatrist or medical doctor.
- 2) Dial 911 for emergency medical attention.
- 3) Go to the nearest emergency room.

Fees, Billing and Payment

WellSpring Therapy Center is committed to providing the best therapy for our clients and we charge what is usual and customary for our area. The amount you owe (copay, co-insurance, and deductible) is determined by your insurance company. Your provider's contract status with your insurance company will be discussed in your first session. Reduced rates for services not submitted to insurance are at the discretion of the therapist.

Billable services include but are not limited to:

- therapy sessions
- external communication regarding client treatment via phone and/or email
- documentation for legal purposes
- subpoena preparation and court appearances

Many insurance companies provide coverage for mental health treatment. It is your responsibility to find out exactly what your policy covers. You can do that by referring to your policy handbook, or by calling the 800 number on your insurance card.

You are expected to pay your co-pay or co-insurance on the day of service. Cash, check, and credit card are accepted. Discrepancies between what you pay and what your insurance company says you owe will be reconciled as soon as we receive notification from your insurance company.

You will be sent a monthly statement. You are expected to pay your balance in a timely manner. If you have made no payment in 6 months, WellSpring Therapy Center has the option of using a collection agency to secure payment. You will be notified on your statement beginning 3 months prior to our submitting your charges to a collection agency. You forfeit your right to confidentiality to the extent necessary to submit the claim to a collection agency.

Contract

Please take the opportunity to discuss questions and concerns you have regarding this contract with your therapist. A copy of this agreement will be kept in your clinical record. You will also be provided a copy for your personal records.

My signature below indicates that I have read the information in this document and agree to abide by its terms during my professional relationship with my therapist.

Signature of Client: _____ Date: _____
(parent if client is minor)

Signature of Therapist: _____ Date: _____

Private Pay Fee Agreement



4301 W 57th St Suite 100
Sioux Falls, SD 57108
605-335-1516

Session fees agreed to between client and therapist

Initial Intake	\$
30 minute session	\$
45 minute session	\$
60 minute session	\$

Client

Date

Therapist

Date