

Prism Mental Health LLC Client Information

Name: _____ Birthdate: _____

Address: _____

City, State, Zip: _____

May we mail to this address? Y ___ N ___ (If no, provide mailing address on the back)

Phone: _____ Alternate Phone: _____

Listing a phone number authorizes Prism Mental Health LLC or its agents to contact you, including voicemail and/or leaving messages at that number.

Email: _____

Listing an email address authorizes Prism Mental Health LLC to contact you via that email.

How did you find out about Prism Mental Health LLC? _____

Briefly describe your reason for seeking therapy: _____

Please list any previous therapy: _____

Emergency Contact: Name & relationship _____ Phone: _____

How do you describe your gender identity? _____

What are your pronouns? _____

How do you describe your sexual orientation? _____

Please check any of the following life experiences/stressors you have recently experienced:

- | | |
|--|--|
| <input type="checkbox"/> Death of a spouse, close family member, or close friend | <input type="checkbox"/> Loss of job |
| <input type="checkbox"/> Divorce/custody issue/child protection investigation | <input type="checkbox"/> Change of job |
| <input type="checkbox"/> Change in financial situation | <input type="checkbox"/> Work related difficulties |
| <input type="checkbox"/> Illness of family member/close friend | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Court appearance/jail | <input type="checkbox"/> Sexual difficulties |
| <input type="checkbox"/> Pregnancy/miscarriage/abortion | <input type="checkbox"/> Infidelity |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Other relationship issues |
| <input type="checkbox"/> Adult child leaving/returning home | <input type="checkbox"/> Move to new residence |
| <input type="checkbox"/> School difficulties | <input type="checkbox"/> Drug/alcohol problem |
| <input type="checkbox"/> Employment discrimination/harassment | <input type="checkbox"/> Housing discrimination |
| <input type="checkbox"/> Other discrimination/harassment | <input type="checkbox"/> Other _____ |

Prism Mental Health LLC Payment Agreement Income-based Sliding Scale

I am entering into a fee-for-service agreement with Prism Mental Health LLC. I agree to pay \$_____ for each regular session based on the income chart on the bottom of this page. I understand this agreement pertains to services beginning on and after date signed and will remain in effect until I am no longer requesting additional sessions.

Name (print) _____

Signature _____ Date: _____

Staff: _____

Payment is due at time of service.

Prism Mental Health LLC requires notice of cancellation as soon as possible. Clients who miss an appointment without cancellation made at least 4 hours before time of appointment will be charged a fee of \$25. Service will be suspended until payment arrangements have been made.

Payments methods: cash, check, credit card. No insurance billing is provided. Clients choosing to use an HSA are responsible for their own reimbursement. Checks returned for non-payment will be subject to a fee of \$30. Credit cards will be charged only upon verbal authorization by client. Printed or emailed receipts and statements will be provided upon request.

Suspension of service: If service is suspended for non-payment of fees, any future appointments will be removed from the schedule. If service is suspended for more than 30 days, or two appointments are missed without proper notice of cancellation, Prism Mental Health LLC reserves the right to terminate services, or to cancel this payment agreement and require a new payment agreement at a higher rate.

| Annual Household Income | Individual | Couple/family |
|-------------------------|------------|---------------|
| \$80,000+ | \$100 | \$135 |
| \$40,000-\$80,000 | \$75 | \$100 |
| \$15,000-\$40,000 | \$45 | \$70 |
| less than \$15,000 * | \$30 | \$50 |

There will be a \$15 surcharge added for Saturday appointments.

Initial in-person consultations will be billed a \$20 paperwork fee.

Prism Mental Health LLC Informed Consent and Privacy Policy

Prism Mental Health LLC supports our clients’ rights to self-determination. Prism delivers mental health services in a manner providing for maximum freedom of choice by persons served including setting personal goals, being fully informed about service options, and making all possible decisions with regard to services.

Client’s Rights: As a client of Prism Mental Health LLC, you have the right:

- 1) To be treated with respect, courtesy, and in a culturally sensitive manner;
- 2) To be provided reasonable accommodation with any communication barriers;
- 3) To be free from discrimination while receiving services;
- 4) To have access to your file according to Prism policy;
- 5) To terminate service at any time – all Prism services are completely voluntary;
- 6) To be free from exploitation for the benefit or advantage of a staff member;
- 7) To report complaints and/or grievances
- 8) To confidentiality as defined by policy and law. Prism maintains a strict policy on confidentiality of all records in written and electronic file form. All information you share, or which Prism becomes aware of through our work with you, will remain confidential. There are certain circumstances where we are required by law to release specific information. As mandated reporters, we are required to advise the proper authorities of required information:
 - a) If we become aware through our work that you may be a danger to yourself or others,
 - b) If we become aware of or suspect abuse or neglect of a child, or of a vulnerable adult (as specified in MN statute 626)
 - c) If we are court ordered to testify or submit records to the court.

Prism’s Expectations: As Prism provides services, it is expected that clients

- 1) will be present and on time for appointments. If this is not possible, a minimum of 4 hours advance notice is required to cancel or reschedule.
- 2) will participate in service planning
- 3) will not exhibit abusive, threatening, or assaultive behaviors, and will not be under the influence of chemicals during services.

Prism Mental Health LLC reserves the right to deny services based on the above criteria.

Informed Consent: Informed consent is a process throughout the service relationship where discussion occurs between clients and service providers. There is an exchange of information with opportunities to ask and answer questions. Persons served are actively asked what they wish to achieve and helped to understand options available, consequences of different choices, and how Prism can help them achieve their choices. The following information includes the basics of informed consent:

- 1) Fees and payment arrangements;
- 2) Staff qualifications, training, experience, credentials, licensure and supervision status;
- 3) The type of service to be provided, expected length of service, and results of tests or assessments;
- 4) Risks of services available through Prism Mental Health LLC;
- 5) Your active participation in service planning, including freedom to revise goals throughout service;
- 6) Possible outcomes of service;
- 7) Procedures for case closure.

I HAVE READ (OR HAD READ TO ME) AND UNDERSTAND THE ABOVE INFORMATION

Signature: _____ Date: _____

Staff: _____

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION. Please review carefully.

Notice of Privacy Practices and Policy: Prism Mental Health LLC has a legal duty to protect your personal and health information and to inform you of our privacy practices. If you have any questions about any part of these practices and policy, please contact our office at 320.217.9964 or by mail at 14 Seventh Avenue North, Suite 107, Saint Cloud, MN 56303.

Uses and Disclosures: Prism Mental Health LLC may use and disclose your personal and health information in the following circumstances on a need to know basis only:

- 1) To provide treatment and/or service to you; 2) To obtain payment for treatment and/or service;
- 3) For supervision and case consultation; 4) To provide appointment reminders by telephone, text, or email as agreed;
- 5) When required by law (Mandated Reporter):
 - a) If we become aware through our work that you may be a danger to yourself or others,
 - b) If we become aware of or suspect abuse or neglect of a child, or of a vulnerable adult (as specified in MN statute 626)
 - c) If we are court ordered to testify or submit records to the court.
- 6) To authorize Federal officials if it is required for lawful intelligence, counterintelligence, and other national security activities; 7) For research/educational purposes;
- 8) In the event of an emergency, to contact a designated emergency contact to inform them of your circumstances or well-being.

Your rights regarding your personal and health information: You have the right:

- 1) To request restrictions on certain uses and disclosures of your personal and health information. Prism Mental Health LLC is not required to adhere to the restrictions you request.
- 2) To request we communicate/do not communicate with you in a certain way or at a certain location.
- 3) To review and copy your personal and health information according to standards of practice.
- 4) To a listing of uses and disclosures of your personal and health information.
- 5) To receive a paper or electronic copy of this notice at any time.

Complaints: Complaints regarding this notice or how Prism Mental Health LLC handles your personal and health information may be directed to Prism Mental Health LLC (14 North Seventh Avenue, Suite 107, Saint Cloud, MN 56303) or to the Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg. 200 Independence Ave SW, Room 59F HHH Building, Washington D.C. 20201.

Changes to This Notice: The effective date of this notice is 11/1/2015. Prism Mental Health LLC's Notice of Privacy Practices and Policy may be modified due to revisions in local, state, or federal laws, accrediting body regulations, or practice needs. Modifications to the Notice and current version will be communicated to you, and available in our office and on the website at www.prismmentalhealth.com.

Prism Mental Health LLC uses secure Electronic Health Records technology as well as best practices to safeguard the privacy and confidentiality of your personal and health information. Record are maintained according to legal standards, and destroyed once the maintenance period expires.

I acknowledge I have reviewed and understand this notice regarding uses and disclosures of my personal and health information:

Signature: _____ Date: _____