

CLIENT INFORMATION

The purpose of this form is to provide you with information about your rights at Minnesota Psychological Resources. We are committed to providing quality professional services to all our clients. In order to do so, we need your informed participation. As you read this form, please feel free to discuss any questions you may have with your therapist.

1. The information which is requested about you is used by us to determine your eligibility for services, to evaluate your needs and to develop a plan to address those needs.
2. It is necessary to keep records on all services provided to you. The records must include diagnosis, treatment plans, and specific treatment given.
3. As a client of this Center, you have a right to privacy and a right to see your records. You have a right to a copy of your records (There is a charge for this service). Your therapist can make a clinical decision to deny you access to part or all of your private records if it is determined that your psychological and/or physical well-being or that of another person would be jeopardized.
4. You have the right to challenge your records and to insert your own explanation about that which you object to in your records.
5. You have the right to appeal the content of your records. To file an appeal, you can contact your therapist, the Director of Minnesota Psychological Resources, or you can write directly to the Department of Human Services, Licensing Division, Human Services Building, 444 Lafayette Road North, St. Paul, Minnesota, 55155.
6. If you are a minor, your parents or legal guardians have the right to request access to information related to your assessment and treatment at Minnesota Psychological Resources. You are encouraged to discuss your concerns related to this with your therapist.
7. Your Minnesota Psychological Resources records are kept confidential and ONLY with your written authorization can your records be released to another person or agency EXCEPT when such release is specifically required by law.
8. It is required by law for therapists to disclose confidential information in some specific situations to prevent harm from occurring (for example, child abuse, injury to yourself or others, etc.). In some circumstances a court might be able to obtain your records or subpoena your therapist.
9. You have the right to know the specifics of your treatment plan including treatment options and possible treatment side effects. You also have the right to discuss the outcomes of your treatment.
10. You have the right to know the professional qualifications of your therapist. You are encouraged to ask your therapist about his/her professional background and training.
11. You have the right to request corrective action be taken if your rights are violated. You may present your concern or complaint to your therapist or to the Director of Minnesota Psychological Resources. You may also file a complaint if your concern is not resolved in a satisfactory manner by writing the Department of Human Services, Licensing Division, Human Services Building, 444 Lafayette Road North, St. Paul, Minnesota, 55155.
12. You have a right to a copy of the *Minnesota Psychological Resources Notice of Privacy Practices* brochure which describes how mental health information about you may be used and disclosed, and how you can get access to this information.

A copy of the Minnesota Psychological Resources Notice of Privacy Practices brochure has been provided or made available to me. _____ Please Initial

Again, if you have any questions regarding the information in this form, please direct your questions to your therapist.

Client Signature

Date

MINNESOTA PSYCHOLOGICAL RESOURCES PSYCHIATRIC FEE PAYMENT AGREEMENT

CLIENT NAME _____

The purpose of this form is to provide you with information about your financial responsibilities and to establish this Agreement regarding the payment for psychiatric services provided by Minnesota Psychological Resources (MPR). You are encouraged to direct your questions regarding this Fee Payment Agreement to the MPR Office.

1. The length of time of each meeting with the psychiatrist at MPR can vary. The charge for the psychiatrist is dependent on the length of the appointment.
2. The initial visit with the psychiatrist is approximately 1 hour. The standard charge for the initial meeting with the psychiatrist is \$290.00. The payment or co-payment for the initial meeting must be collected on the day the psychiatrist meeting occurs immediately before your initial meeting with the psychiatrist.
3. Following the initial meeting with the psychiatrist, your meeting for medication management will be approximately 20 minutes. The charge for a 20 minute medication management meeting with the psychiatrist is \$175.00. If the medication management meetings with the psychiatrist are longer than 20 minutes, the charge will be adjusted based upon the additional time required.
4. Appointments at MPR must be cancelled 24hours/one business day prior to the scheduled appointment time to avoid a cancellation or "no show" charge.

I have read, understand, and agree to be responsible for the psychiatry charges at the time of my appointment as described above in this agreement.

Client Signature

Signature of Responsible Party

MPR Representative

Date