

# Utah Healing Center

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## **INFORMED CONSENT TO TREATMENT AND PROFESSIONAL SERVICES CONTRACT**

### **TREATMENT:**

Therapy can be very helpful if you are willing to work hard to make changes in your life. Your decisions remain your responsibility. Because therapy involves looking in detail at your problems, it can be very emotional and difficult. The number and frequency of sessions varies widely, depending on the nature and severity of the problem(s), and the client's motivations and life circumstances. You are under no obligation to complete treatment here at the Utah Healing Center (UHC). If at any time you are dissatisfied with the therapy treatment, you agree to notify your therapist so that your therapy may be altered or an appropriate referral to another mental health practitioner may be made.

### **CONFIDENTIALITY:**

Your records are kept in strict confidentiality. However, there are limits to the confidentiality. I will release information about you under the following circumstances:

1. **You sign a form giving me permission to release your records to a certain person or place;**
2. **You are a potential danger to yourself or others;**
3. **A UHC therapist suspects, or you report abuse of a child or an elder, including physical beatings or sexual abuse.**
4. **A UHC therapist suspects prenatal exposure to controlled substances that may harm the unborn child;**
5. **A UHC therapist is served with a subpoena in a court case or a judge orders UHC to release your records;**
6. **A UHC therapist is required to use a collection agency or court action to collect our fees; (UHC will only release billing information in this case); or**
7. **A UHC therapist suspects is required to defend UHC or any of our therapists against ethical or legal charges concerning your case.**

I hereby acknowledge that I have received and been given an opportunity to read, a copy of Utah Healing Center's *Notice of Privacy Practices*. I agree to allow my Protected Health Information (PHI) to be used to provide treatment, arrange for payment for services, or for other ways as outlined in the Notice. I understand that if I have questions regarding the Notice or my privacy rights, I can discuss them with my therapist

### **PERSONAL CONDUCT:**

Everyone is expected to conduct him or herself in a responsible manner. A session should not be held when anyone is under the influence of a nonprescription drug, including alcohol. Violence (physical or verbal) is never acceptable. Either behavior may result in discontinuing a session or, if necessary, calling the proper authorities. Sexual relations between a client and his/her therapist is against the law. Racism, sexism, and other forms of discrimination are not permitted.

### **CONSENT FOR QUALITY ASSURANCE:**

We believe in training future therapists. Sessions will sometimes be photographed, videotaped, recorded and viewed by therapists in training (e.g. associate therapists, play therapy trainings, trauma focused trainings, eye movement desensitization and reprocessing, mindfulness, animal-assisted therapy sessions, etc.) and their supervisors. These measures are necessary to insure clients receive a high quality of treatment.

Sessions may be joined by other therapists in training (e.g. associate therapists, play therapy trainings, trauma focused trainings, eye movement desensitization and reprocessing, mindfulness, animal-assisted therapy sessions, etc.) and their supervisors. Students, therapists, and supervisors may also review cases and clinical notes for supervision and quality assurance. These measures are necessary to insure clients receive a high quality of treatment. Confidentiality still applies.

Insurance companies and the Utah Department of Health require that we obtain quality assurance surveys to assure you are receiving the highest quality of care. Data from client records (e.g. files, photos, videotapes, surveys) may be used for program evaluation, quality assurance, client improvement, and research. Your participation in research is voluntary and will be confidential.

**RELEASE OF PROTECTED HEALTH INFORMATION AUTHORIZATION TO INSURANCE OR THIRD PARTY:**

I authorize the Utah Healing Center to disclose case record information to the insurance company or third party payer I have named, for the purpose of my receiving payment reimbursement.

**FEES:**

Our services are based on a fee-for-service contract. The beliefs of the client and the therapist about treatment and payment of fees are very important. Problems with unpaid bills may lead to difficulties in the therapeutic process. You are responsible for to pay all co-pays, deductibles, or sessions not covered by insurance.

Missed and forgotten appointments interfere with your treatment and consequently result in downtime for us. You will be billed a \$25 fee for appointments that are canceled less than 24 hours in advance and for no show appointments. If you need to reschedule an appointment, please call us 24 hours in advance at **801-266-4643**. We have voice mail to record your message 24 hours a day, 7 days a week. Phone calls over 15 minutes are charged according to insurance allowable. Short emergency telephone calls are not charged. Longer calls will be billed at the same rate as office visits. Copies of records are \$25.00 plus \$0.50 per page, plus postage. Copies of medical records take a minimum of 30 days to be pulled and sent the person requesting them. Writing a report or letter is a minimum of \$75.00, this is not covered by insurance and will be billed to you. Letter's take a minimum of two weeks to write. Testifying in court is \$150.00 per hour with a three-hour minimum charge. It takes a therapist a minimum of 30 days to prepare for court.

You need to be prepared to pay for services on the day they are received. In special instances, payment may be discussed with your therapist regarding our fee sliding scale based on your income, but this must be arranged prior to your appointment. You agree to pay interest of 1.5% per month (18% per annum) on any unpaid account balances over 60 days regardless of pending insurance claims.

In the event of default in payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, you agree to pay an additional charge equal to the cost of collection. This may include agency fees and court costs incurred and permitted by laws governing these transactions.

The Utah Healing Center uses a third party billing and scheduling system (CareCloud). This is a new system to ensure your appointments and fees are accurate. Please let us know if there are any discrepancies in your billing. Soon a new patient portal will be available for your convenience through the CareCloud system.

**INSURANCE COVERAGE:**

Your therapist is a licensed practitioner in the state of Utah. For your convenience, the Utah Healing Center will file all insurance claims for you to your primary and secondary insurance companies. For us to do this, you must make sure you have completely filled out the *Client Information Form* and provided us with all of the necessary insurance and personal information. It is your responsibility to determine the amount of coverage your insurance company provides, if pre-approval is required for treatment to begin, deductibles, yearly coverage, co-payment amounts, etc. If you have any questions on your bill, please contact your therapist.

**PATIENT GRIEVANCE PROTOCOL**

It shall be the policy of The Utah Healing Center to address any patient complaint at the earliest possible time. Patients may register complaints concerning any aspect of their care by making their concerns known to any UHC employee. Patients may request a complaint form from the front desk or contact the UHC office at **801-266-4643** and dial extension **102** or e-mail [admin@utahhealingcenter.org](mailto:admin@utahhealingcenter.org). You may also file a complaint by contacting **OptumHealth** at **1-877-370-8953**.

**I AGREE TO PARTICIPATE IN THE PSYCHOTHERAPY PROCESS WITH MY THERAPIST AT THE UTAH HEALING CENTER. I HAVE READ AND UNDERSTAND AND AGREE TO THE TERMS OF THIS CONTRACT.**

\_\_\_\_\_  
Signature of Client (if not a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date