

East Metro Family Counseling, LLC
CHILDREN ≈ ADOLESCENTS ≈ ADULTS ≈ FAMILY COUNSELING
TRAINING & CONSULTATION FOR AUTISM SPECTRUM DISORDERS

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NOTICE OF PRIVACY, CONFIDENTIALITY AND SERVICE AGREEMENT IN COUNSELING

Welcome to East Metro Family Counseling, where individuals, couples, and families (client/patient) are empowered to engage in meaningful exchanges and connectivity with themselves and the world around them. The nature of counseling is sensitive and the information disclosed in counseling should be treated as such. Below is information about state and federal rules and laws regulating privacy and counseling.

East Metro Family Counseling, LLC (EMFC) is bound by the provision of the Minnesota Data Practices Act and Federal Health Insurance Portability and Accountability Act (HIPPA). EMFC only allows individuals access to your file for billing purposes or to ensure delivery of service (i.e. coordination of treatment with another provider). No information will be released to persons or agencies outside EMFC without your signed/written consent except by court order or as required by other judicial rulings/orders. There are exceptions to confidentiality. Topics you discuss and disclose in counseling may require the release of information, with or without your permission, to designated authorities. Counselors at EMFC are required to report to the designated authorities regardless of whether or not your consent has been provided if you:

- State that you seriously intend to harm yourself or another person(s) and the risk is deemed imminent;
- Report or describe any physical abuse, neglect, maltreatment of any kind, or sexual abuse of children or vulnerable adults within the last three years;
- Report the use of illegal drug for a non-medical purpose or the use of alcohol during pregnancy;
- Report or describe sexual exploitation by a counseling/mental health or health-care professional.

EMFC may also release clinical information if you are using health insurance or medical assistance to cover the cost of treatment. There may be other instances, however rare, in which you waive your rights to have your records protected. If you are involved any type of current or potential legal difficulties, it is highly suggested that you discuss the matter with legal representation before informing others of the services you have received at EMFC. Clinical case consultations with other mental health professionals outside of EMFC are subject to the same limits of confidentiality as outlined above. This information is provided to you so you may be fully informed about the limits to confidentiality prior to disclosing private information during your counseling at EMFC.

PATIENT ACKNOWLEDGEMENT:

I AGREE TO PAY EMFC MY PORTION OF THE PATIENT RESPONSIBILITY WITHIN 30 DAYS OF BILLING. IN THE EVENT I HAVE AN UNPAID BALANCE ON MY ACCOUNT 60 AFTER THE BILLING DATE, MY BILLING INFORMATION WILL BE PROVIDED TO A DEBT COLLECTIONS ATTORNEY. IN THE EVENT IT IS NECESSARY FOR THE ATTORNEY TO COMMENCE A COURT ACTION TO COLLECT THE UNPAID BALANCE OWED ON MY ACCOUNT, I AGREE TO PAY ALL COLLECTION COSTS, INCLUDING REASONABLE ATTORNEY'S FEES. ANY BALANCE OWED TO EMFC WILL ACCRUE 8% SIMPLE INTEREST IF MORE THAN 30 PAST DUE.

Please discuss any questions or concerns you have about this information with your therapist prior to signing your name below.

I have read this document. I have retained a copy of this document or declined a copy offered to me.

Client Signature (Parent/Guardian if a minor)

Date

Signature of Mental Health Professional

Date

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