Menninger

Menninger Clinic Outpatient Services
Client Services Agreement

I, the undersigned, hereby request and consent to treatment rendered by the below-named Menninger Clinic member physician or clinician. I understand that a range of mental health professionals, some of whom are in training, provides Menninger Clinic outpatient services. All professionals in training are supervised by licensed staff. I understand that this consent is for voluntary treatment on an out-patient basis. I understand that as a voluntary out-patient, I am free to review my treatment plan and that if I disagree with any aspect of it my clinician will try to offer an acceptable alternative treatment plan. Should he/she insist that no reasonable alternative exists and I still refuse the recommended treatment, I understand that my clinician may elect to withdraw his/her services or refer me to another clinician, Psychiatrist, or mental health professional at that time. I also understand that I retain the right to refuse any medication prescribed by my doctor, and any lab test ordered. I understand that my treatment may be for an emotional, psychological, or relationship problem for which I may be prescribed therapy, medication, counseling, testing, or any of the above in combination. I hereby consent to follow treatment suggestions, or to directly inform my therapist of my objections to doing so, if any.

By signing this consent, I am agreeing to report any suicidal or homicidal feelings to my clinician. I hereby agree to contact 911 or go to the nearest emergency room should my suicidal or homicidal feelings intensify to the point that I feel unable to prevent myself from acting on them. You may give the emergency room staff your clinician's contact information and inform the clinician of the situation on the next business day.

Counseling services are by appointment only. You are responsible for keeping your appointments and arriving on-time. Upon arrival, check in with the hospital center at the front entrance, receive a badge, and proceed to the hospital lobby. The receptionist will notify your clinician of your arrival. Please inform the receptionist if you are leaving the lobby area to visit the coffee shop or snack machines. Visitation to other areas of the facility is with prior approval and per appointment only. The Menninger Clinic Outpatient Services does not provide a separate waiting room for children. You are responsible for the care and supervision of your children while receiving services. While clinician meetings with minors are in session, parents/guardians are expected to remain in close proximity to our facility and to pick up minor children on-time.

I understand and acknowledge that I am responsible for all charges incurred by me (or any person for whom I am responsible) for services rendered. I understand I will be provided a complete accounting of all charges and I am responsible for such charges at the time in which services are rendered. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advanced notice of cancellation. You will be responsible for the full payment of any missed sessions not cancelled within the specified time frame.

My hourly fee is _____. Payment is due at the time of service. You may pay by cash, check, or credit card. A $30.00 fee is charged for all returned checks. Make checks payable to: *The Menninger Outpatient Services*. We do not bill third-party payers and will not accept assignment from your insurance company. We will be happy to provide you with a statement to submit to your insurance company for reimbursement.

I understand that all information disclosed is confidential and will not be released to any third party without written authorization, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elderly, and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another

MINORS & PARENTS

The parent/guardian of a patient under 18 years of age who is not emancipated should be aware that the law may allow parents to examine their child's treatment records. They should also be aware that patients over 16 can consent to (and control access to information about) their own treatment. While privacy in psychotherapy is very important, particularly with teenagers, parental involvement is also essential to successful treatment. Therefore, it is usually my policy to request an agreement from any patient between 16 and 18 and his/her parents allowing me to share general information with parents about the progress of treatment and the child's attendance at scheduled sessions. I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Parents of children over the age of 18 who are responsible for paying for the treatment of their child will have access to information regarding payment of fees, but will not have access to any other confidential information without the written authorization of the child.

By signing below, I acknowledge that I have reviewed and fully understand the terms and conditions of this agreement. I have had the opportunity to ask questions with regard to terms and conditions and have had them answered to my satisfaction. My signature below indicates that I have read this client services agreement and agree to its terms, and also serves as an acknowledgement that I have received the Notice of Privacy Practices document.

Clinician: _____

Phone: _____

_____ _____

Patient Signature Date

_____ _____

Parent/Legal Guardian Date

_____ _____

Witness Date