



Please Initial:

## Patient Rights and Responsibilities

### Financial Responsibility and Payment Policy

I agree that I am responsible for payment of all charges for mental health services provided to me, including any copayments or deductibles. I understand that I am responsible for notification at the time of the visit of any benefit changes in my insurance plan. I further understand that I am responsible for any service provided to me that is not covered by my policy. I understand that a monthly payment is expected on my balance to keep my sessions active with my therapist. I understand that if my account is not paid on in 90 days, my sessions will automatically be suspended until I make a payment towards my balance. I am responsible for a \$25 fee on all returned checks. I accept financial responsibility for the services provided to me by Midwest Mental Health, L.L.C.

### Financial Assistance Program

I understand that there is a financial assistance program at Midwest Mental Health. I understand that this does not guarantee approval. I understand that it is my responsibility to ask for this application. Furthermore, I understand it is my responsibility to complete all forms in the application and provide any documents that are requested in that form.

### Permission To Furnish Information From Records

I hereby authorize and request the Midwest Mental Health staff to furnish medical information requested by the health insurance carrier or any other third-party payer. I authorize contact with my insurance company or health plan administrator to obtain all pertinent financial information concerning coverage and payments under my policy, and I authorize my insurance company or health plan administrator to release information to Midwest Mental Health, L.L.C.

### Release of Information and Request of Records

I understand that for records to be copied and/or faxed by Midwest Mental Health staff, I must first sign and date a release of information giving Midwest Mental Health permission to do so. I understand that any request of my records from Midwest Mental Health will take up to 10 business days for requesting party to receive from Midwest Mental Health. I understand that I have the right to revoke any releases of information and fully understand by doing so that from that date of revocation that my records will not be shared with the listed party.

### Confirmation of Appointments

Midwest Mental Health will attempt to confirm appointments prior to each scheduled appointment via an automatic text message/email and/or phone call. May we contact you via text message/email automatic alert and/or phone call?  Yes  No

### Missed Appointments/Canceled Appointments

I understand that by missing a scheduled appointment without contacting Midwest Mental Health (24 hours prior to the appointment) will result in the loss of any further scheduled appointments and it will count as a missed appointment. I must contact Midwest Mental Health directly to set up another appointment. If I miss a total of two appointments without contacting Midwest Mental Health prior to my appointment, then it is up to the discretion of my counselor and/or the clinic owner to decide if they will allow me to be back in their schedule or refer me to another mental health provider.

### Statement Of Understanding

Signing below indicates that I have read and received pertinent information regarding office policies, client rights and responsibilities and that I agree to abide by the stated terms and conditions of service provision.

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Signature Client/Parent/Guardian

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Date