

## **FamilyMeans General Information & Consents Form**

### **Locations**

FamilyMeans  
1875 Northwestern Ave S  
Stillwater, MN 55082  
Phone: (651) 439-4840

FamilyMeans  
1200 Hosford St #201  
Hudson, WI 54016  
Phone: (651) 439-4840

Center for Grief and Loss  
1129 Grand Ave  
St. Paul, MN 55105  
Phone: (651) 641-0177

**General email address:** [familymeans@familymeans.org](mailto:familymeans@familymeans.org)

**Billing email address:** [mhbilling@familymeans.org](mailto:mhbilling@familymeans.org)

**General Fax:** (651) 439-4894

### **Emergencies:**

Emergency calls outside of office hours should be directed to appropriate local resources listed below:

#### **Minnesota:**

Call 'CRISIS' (274274)  
Washington County Mobile Crisis: (651) 275-7400  
Ramsey County Crisis Line: 651-266-7878

#### **Wisconsin**

Northwest Connections Crisis Line: 888-552-6642

Text or call 988 from anywhere, USA  
Text 'HOME' to 741741

**Medical emergencies or situations involving potential harm should be directed to 911.**

### **Appointment/Cancellation**

If you need to cancel, please give us at least **24 hour notice**. This allows us the opportunity to offer that time to other people needing appointments. If you do not keep your appointment, or cancel with less than 24 hour notice, you will be billed for the missed session (\$75.00). Please note that insurance policies do not cover the cost of missed appointments or late cancellations.

### **Fees**

All fees are due at the time of service. If this is a barrier to you seeking services, FamilyMeans will work to make payment plans or sliding fee scale (no insurance) options. The agency makes every effort to obtain accurate insurance information for clients before their first sessions.

### **Nondiscriminatory policy**

Our agency makes no distinction among clients in level of programs or services to respect to race, religion, creed, color, gender, sexual orientation, marital status, national origin, disability, age or economic status. Arrangements can be made for interpreters for the hearing impaired. Our facilities are handicap accessible. Our capacity to provide services in language other than English is severely limited but we will make every effort to link clients with appropriate services in language with which they are more familiar.

## **Electronic Communication**

Email and/or cell phone texting can be a convenient way to communicate with your therapist. However, any information communicated electronically increases risk to your confidentiality. We want you to have clear understanding of the risks involved if you choose to communicate electronically.

Communication by email or text is not completely secure so it may be possible for others to access any information shared electronically. FamilyMeans recommends that electronic communication not be used to share detailed personal information. FamilyMeans may confirm appointments and reschedule appointments via email or text.

Emails or texts are never appropriate for communicating in emergency situations, including the following:

- You are having serious thoughts of hurting or killing yourself or someone else
- You have immediate concerns about your reaction to a medication
- There are any immediate safety issues for you or someone else

In case of any immediate safety issues, **call 911** for help before calling your therapist. If you choose to initiate electronic communication, you are doing so with an understanding and acceptance of the risks involved.

## **Consent to Treat**

Your rights are protected under the data privacy laws of both Minnesota and Wisconsin. The state where you are seen, not the state of residence, determines which specific laws apply. These laws are to protect your privacy, to let you know what kind of information we collect on you, how we use that information and how you can access it. Copies of the pertinent sections of the statutes are available in the lobby for your review.

The information you share with us is kept in a confidential file. The contents of this file can only be released to a third party with your written consent. The exceptions to this are the mandatory reporting of the abuse or neglect of a child or vulnerable adult, situations where it is determined you are a danger to self or others, and response to a court order. By signing an insurance form, you give your insurance company access to your records. Periodically our licensing bodies confidentially survey our records for compliance with standards.

The information that is collected about you includes basic demographic information (name, address, place of employment, etc.), a synopsis of what you share with your therapist and your therapist's impressions of your situation. This will include a diagnosis of your condition or situation. The exception to this may be clients being seen under an Employee Assistance Program. Any client who is seen will have a written treatment plan which he or she will be asked to sign expressing agreement with the plan.

The information that is collected about you is used to create a history of your treatment here and assist in planning that treatment. Part of that planning may include review with your therapist's supervisor or presentations at Case Consult for the purpose of obtaining input concerning your treatment from other professional staff. You may discontinue treatment at any time.

## Consent to Treat (continued)

Counseling is a collaborative process between client and therapist. Both you and your provider have rights and responsibilities as part of the assessment and treatment process. While case records are the property of the agency, you have a right to know your record's content. You may review your file with a professional staff person upon reasonable notice and without charge. You also have the right to information from your therapist about your services which includes:

- a) benefits of the proposed treatment and services
- b) the way treatment and services will be provided
- c) any expected side effects or risks of the treatment which are a reasonable possibility, including side effects or risks from medications
- d) alternative treatment modes and services
- e) the probable consequences of not receiving treatment if declined
- f) the cost of services

Providers at FamilyMeans have the following rights and responsibilities:

- a.) to strive to benefit those with whom we work and to take care to do no harm
- b.) to uphold ethical and professional standards of conduct and behave in a trustworthy manner
- c.) to serve the best interest of those with whom we work
- d.) to practice within the boundaries of competence
- e.) to seek out opportunities for continued professional growth through training, supervision, and consultation

This informed consent is **valid for one (1) year from the date it is signed**. You may withdraw informed consent, in writing, at any time. If you are not satisfied with the services you receive, you may file a grievance. A copy of the agency grievance procedure is available with different procedures for Minnesota and Wisconsin residents

## Telehealth Consent

I consent to engaging in telehealth with FamilyMeans as a part of the therapy process and my treatment goals. I understand that telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning, and therapy. Telehealth will occur through interactive audio, video, telephone, and/or audio/video communications.

I understand I have the following rights with respect to telehealth:

- I have the right to withhold or remove consent at any time without affecting my right to future care or treatment, nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.
- The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is generally confidential. There are other mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as part of legal proceedings where information is requested by a court of law. I also understand that dissemination of

any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.

- I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of FamilyMeans that: the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons.
- In addition, I understand that telehealth based services and care may not be as complete as in-person services. I understand that if my therapist believes I would be better served by other interventions I will be referred to an appropriate mental health professional who can provide those services in my area and/or return to in-person sessions with my therapist. I also understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and efforts of my therapist, my condition may not improve, or may have the potential to get worse.
- I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured. I understand that the use of FamilyMeans designated telehealth platforms audio/video systems may not be 100% secure at all times and may have issues with Wi-Fi connectivity. All attempts to keep information confidential while using these systems will be made, but a guarantee of 100% confidentiality cannot be made with inherent issues with these communication systems. Signing this form shows an awareness of these issues and a decision by this client to use these systems for telehealth services. I will not hold FamilyMeans or its staff liable for gathering or use of client information by these service providers.
- I understand I have the right to access my personal information and copies of case notes. I have read and understand the information provided above. I have discussed these points with my therapist, and all of my questions regarding the above matters have been answered to my approval.
- By signing the acknowledgment form, I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer based therapy services. If I am in a crisis or in an emergency I should immediately call 911 or go to the nearest hospital or crisis facility. I understand that emergency situations may include thoughts about hurting or harming myself or others, if I am in a life threatening or emergency situation, and/or if I am abusing drugs or alcohol and are not safe. By signing the acknowledgment form, I acknowledge I have been told that if I feel suicidal I am to call 911, local county crisis agencies or the National Suicide Hotline at 1-800-784-2433.