

DeMERS MENTAL HEALTH
231 EAST 400 SOUTH, SUITE 208
SALT LAKE CITY, UT. 84111

CLIENT INFORMATION AND CONSENT

CONFIDENTIALITY

The information discussed in therapy is treated confidentially. I am happy to receive pertinent information from others, but no information will be released to others unless you grant permission in writing. If you wish to have me communicate information to others, I will have you sign a **CONSENT TO RELEASE INFORMATION FORM.**

Limited confidential information can be released without your consent in situations involving (1) suspected neglect or abuse of a child, or (2) suspected neglect or abuse or exploitation of a disabled adult, (3) life threatening danger to you or others, as in cases of suicide plans or threats against others, or (4) failure to pay your bill (in which case only the information needed for collection purposes will be released).

Many health plans reimburse for some of our services. Insurance companies require some information about you, including diagnosis and occasionally detailed information such as assessments, progress notes, or treatment summaries. Your request to seek insurance reimbursement will be considered consent to release information to your insurance carrier.

ASSIGNMENT OF BENEFITS:

I hereby give DeMers Mental Health authorization and permission to submit information as needed to my insurance company for regular billing procedures. I understand that if I am paying out of pocket for treatment no information will be submitted. I also authorize DeMers Mental Health to receive payments from my insurance company on my behalf in order to pay any charges occurred by me during my treatment.

EMERGENCY SITUATIONS

During business hours I can be reached at (801) 597-5686. Because I am often with clients, my direct number often goes to my voice mail, where you can leave a confidential message. I check my messages frequently during business hours and I will return your call as soon as possible. In an after hour emergency situation please call 911.

MISSED APPOINTMENTS:

24 hrs. is required to cancel your appointment. If no notice is given or insufficient notice is given you will be charged for the cost of that appointment. Please be aware that insurance does not cover missed appointments.

RETURNED CHECKS:

There will be a \$30.00 fee in addition to all bank fees for any returned check. We understand that mistakes happen, however if more than one check is returned you will have to use an alternate method of payment. For your convenience we accept debit cards, visa, master and discover. You may also pay with cash for money order.

ALL CO-PAYS AND CO-INSURANCE PAYMENTS ARE DUE AT THE TIME OF SERVICE..

I have read and understand the above procedures for emergencies and confidentiality, and I consent to treatment under the described conditions.

CLIENTS
SIGNATURE: _____ DATE: _____