



Therapy Agreement

Confidentiality

The therapy relationship is a professional and confidential relationship. What is revealed in this setting is confidential and is protected by legal, professional, and ethical standards. All material is confidential and cannot be released without your written consent.

State and federal laws require that confidentiality have limitations, including reasonable suspicion that you may harm yourself or others. If your therapist has a reasonable belief that you are a danger to yourself or others, they are required by law to inform others for safety reasons. In addition, if there is reasonable suspicion of abuse or neglect of a child or vulnerable adult, your therapist is legally required to report this in accordance with state laws.

In addition, your therapist is legally required to comply with court orders signed by a judge. If appropriate, your therapist will request to be released from this order to protect your privacy. However, they are legally required to comply with the judge if the order is upheld.

Minor Children

In order for therapy to be effective, the client must trust the therapist and feel safe sharing in the therapy environment. If the therapist has reasonable concern that the child is unsafe, the therapist will disclose this information as is legally and ethically required. Additionally, the therapist may work with the child and parent/legal guardian together to improve communication. However, the parent/guardian agrees not to request additional information about the child's therapy sessions in order to preserve the therapeutic relationship.

Specific limitations to this agreement can be discussed at the start of therapy.

Cancellations

If you are unable to keep your session or do not want to keep your appointment, it is your responsibility to let RMH Therapy know that you need to cancel. Appointments must be cancelled at least 24 hours prior to the session time in order to avoid being charged.

If you miss a therapy or follow up appointment without letting the therapist know or cancel without sufficient notice, you may be billed a \$60 no-show fee. For intakes and evaluations, you may be subject to a \$100 no-show fee if you do not cancel your appointment with sufficient notice. These no-show fees will be charged to the credit card on file.



Payment

Co-pays, cash pay, or other out-of-pocket expenses for treatment are due prior to the time of service unless otherwise specified. At the start of treatment, insurance might not respond to the claim immediately and provide information about the client's responsibility. In this case, the therapist will bill the client within 30 days of insurance responding to the claim. The client has the responsibility to either pay the bill in full or establish a payment plan within 30 days of the bill.

RMH Therapy accepts checks, MasterCard, Visa, and Discover. You can pay online using your Therapy Notes portal at any time or set up recurring payments. If you do not make a payment or communicate with the therapist about a payment plan, the therapist reserves the right to charge the credit card on file. Additionally, no-show and late cancellation fees will be charged to the credit card on file within 24 hours of the missed appointment.

If after 90 days no payment has been received, and you have not spoken to your therapist regarding a payment plan, your account may be sent to a collections agency, including demographic information.

Emergencies and Crises

RMH Therapy offers outpatient mental health care that is not appropriate for those who need intensive outpatient care, partial hospitalization, or hospitalization. However, crises can emerge for anyone. If you are in crisis and need immediate support, please see the following information and reach out to the appropriate agency based on your location:

If you are in South Dakota, 211 is a statewide hotline that can provide crisis services and referral information. More information is available at Helpline Center's website:

<https://www.helplinecenter.org/>

If you are in Montana, the Montana Warm Line offers non-crisis peer support and referral information when you call 1-877-688-3377. Crisis services are available based on your location. Information about location-based crisis services in Montana is available on the Montana Health Department's website:

<https://mhombudsman.mt.gov/Home/crisiscontacts>

If you are in New York, you can text GOT5 to 741741 for anonymous support 24/7 or call (800)273-8255. More information about crisis support in New York is available through the Office of Mental Health:

<https://omh.ny.gov/omhweb/bootstrap/crisis.html>

If you are in North Dakota, 211 is a statewide hotline that can provide crisis services and referral information. More information is available at Help Is Here's website: <https://www.helpishere.nd.gov/>

If you are in Florida, NAMI's website provides location-specific mobile crisis information and hotlines. The information is available here: <https://namiflorida.org/crisis-info/>

You can also go to your closest emergency room or dial 988 for mental health crises.



Contact Between Sessions

RMH Therapy typically holds office hours between 10am and 6pm Central time Monday through Thursday. The therapist makes an effort to respond to emails and calls within one business day but may take up to three business days to get back to you.

You may request an update or check-in call lasting less than 15 minutes. However, if you require communication that takes more than 15 minutes of my time, I ask that you request a last-minute appointment, which will be billed at the standard session rate based on length.

HIPAA Acknowledgement

My Notice of Privacy Practices provides information about how I may use and disclose protected health information (PHI) about you. As stated in our notice, the terms are subject to change. If I change my notice, you may obtain a revised copy. RMH Therapy may at times communicate with you via HIPAA-compliant, secure, encrypted email. Medical records, by release, may be transmitted using this same secure platform or via fax.

You are prohibited from recording your sessions or other communication with your therapist.

By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices.

If you have questions about this agreement, please ask your therapist.

By signing below, you acknowledge that you have read, agree to, and will abide by the RMH Therapy Therapy Agreement.

Client Name (print): _____ Date: _____

Legal Guardian (if applicable): _____ Relationship: _____

Client/Guardian Signature: _____