Therapy Solutions
1679 6th Ave W
Dickinson, ND 58601-2647
Phone: 701-483-1000 | Fax: 701-483-1001

Informed Consent Form

1. Emergency Management
    a. In the event that emergency services are needed, Therapy Solutions is not a crisis unit or center. We encourage the use of emergency management services if needed, especially during Therapy Solutions' closed hours. Emergency Services can be found at:
        i. Badlands Human Service Center
        ii. CHI Emergency Room
        iii. Sanford or CHI Hospitals in Bismarck
        iv. 988 - 24-hour suicide crisis helpline
        v. 741741 - 24-hour crisis text helpline
2. All Mental Health therapists are mandated reporters. They are bound by law and their code of ethics to report any abuse/neglect or suspected abuse/neglect.
3. All Mental Health therapists have a duty to warn if safety is or could become a risk.
    a. Exception: if a minor ages 14-17 discloses alcohol/drug use to their therapist, Federal Rule (42 CFR Part 12) prohibits the therapist from disclosing knowledge of substance use to the guardian.
4. All sessions are confidential. All therapists are bound by law and their code of ethics to ensure confidentiality for their clients. Therapy Solutions ensures all clients' privacy, and keeps all electronic and physical files/information locked and secure.
5. Upon assessment, all Mental Health Therapists will diagnose their clients based on presenting symptoms. Diagnosis may change throughout treatment. Duration of treatment varies depending on diagnosis, symptoms, and the client's need/want for services.
    a. All Mental Health Therapists support their clients in receiving the best fit for care, therefore clients have the right to advocate for alternative care if appropriate or necessary.
6. Clients are able to contact their therapist in between sessions via phone call or email. However, Therapy Solutions does not guarantee immediate responses.
    a. Do not include confidential information within email messages to ensure confidentiality.
    b. Any work exceeding 15 minutes will be directly billed to the client as self-pay.
    c. **See the Fee Schedule below:**
        - Professional time (includes but not limited to: call, emails, record review, phone calls with attorney, law enforcement): $150.00 per hour
        - Billed in 15-minute increments: 15 minutes - $40.00
        - Court appearances/testimony: $200.00 per hour (portal-to-portal) Limited to 2 hours
        - Document preparation & written reports: $150.00 per hour
        - Travel time: $75.00 per hour
        - Copies and records: Current Procedure
        - Rush requests (less than 1 day's notice): Additional $50.00
7. Clients will be charged a $50 fee for any no-shows or cancellations that do not give 8 hour notice.
8. Walk and Talk Therapy is an available service. Please ask your provider about the consent form if interested.
9. If a client comes in contact with their therapist outside the office, the therapist will work to maintain confidentiality by not engaging in conversation or contact with the client, unless initiated by the client themselves.
10. All Therapy Solutions staff will not interact with clients through social media.

11. Clients may not record sessions without the consent of the therapist.
12. All therapy offices have security cameras that video record without audio. The video is confidential and is not viewed by anyone unless there is a discrepancy about the conduct in the session.
13. I consent to participate in an audio recording for clinical documentation. Audio recording is HIPAA-compliant. The recording will transcribe our session into a clinical note. They are deleted following the session.

My signature indicates that I was informed, understand, and consent with the information stated above.

Client Signature:

Date:

Guardian Signature (if applicable):

Date: