



**Cashman Center**  
Therapies for Mind & Body

## **New Client Handbook**

**Cashman Center**

**2970 Judicial Road, Suite 100  
Burnsville, MN 55337**

**7525 Mitchell Rd, Suite 310  
Eden Prairie, MN 55344**

**5700 Bottineau Blvd Ste 100  
Crystal, MN 55429**

**952-224-8990**

## Client Handbook

**WELCOME!** Please review the contents of this handbook so that you are informed about the policies and procedures at Cashman Center as well as your rights as a client. Please feel free to direct any questions to your provider.

**Confidentiality:** What you share in session is CONFIDENTIAL and will only be discussed with other people with your written permission. If a minor child is seen, issues regarding confidentiality will be discussed with the parents.

There are 5 situations where confidentiality can be broken without your written permission. These situations include:

1. Medical Emergencies
2. Under court order or requirement of law
3. If the practitioner believes that the client is in serious danger of hurting themselves or others
4. If a vulnerable adult or child reports abuse. Practitioners are mandated reporters.

**Cancellation Policy:** or changes of an appointment must be made at least 24 hours in advance or you are charged for your session. Please note that insurance companies do not pay for canceled appointments. This is standard practice and is intended in part to preserve the time for those who may need it. See “Fees and Reports” for specific fees.

**Treatment Team Consultation:** To provide you with the best possible service, Cashman Center practitioners engage in ongoing supervision and consultation across your treatment team. In the event multiple Cashman Center Clinical Staff are involved in your care, clinic coordination will occur including the sharing of client records.

**Training Program Disclosure:** Cashman Center provides clinical training Cashman Center provides clinical training to pre-licensed doctoral and master’s level mental health clinicians, under supervision by a licensed professional. Should a clinical trainee be involved in your care, you will be informed during your intake session and asked to sign a consent form. Questions about the training program can be discussed with the clinical trainee, his/her supervisor, or directed to the Training Director.

**Fees and Reports:** Fees are as follows: \$275 (PhD level provider) or \$250 (Master level provider) for the initial diagnostic session; \$210 (PhD level provider) or \$190 for master individual and/or family follow-up sessions; \$125 per session for group therapy and \$250 per hour for psychological assessment and/or interpretation; and \$300 out of pocket fee for a Court Ordered Chemical Dependency Assessment. For medication management fees please ask the receptionist or provider. Other professionals’ fees vary. Please check your practitioner for specific fees.

Full payment (or co-payment if services are covered by insurance and any deductible has been satisfied) is due at the beginning of the therapy hour. ‘No show’ individual or family appointments or cancellations made with less than 24-hour notice fees start at \$80, and can vary by provider. Please ask your provider for specific information. ‘No show’ or cancellations made with less than 24-hour notice for group therapy will be billed at \$30 per missed session. Please note: All payment, including co- pays/co-insurance, late or cancel appointment fees, and unpaid claims from your insurance company is due prior to or at the time of service or your appointment your client account balance is overdue or there is no payment plan in place for your outstanding balance, we reserve the right to reschedule your appointment until payment or payment plan agreement is received.

**Insurance and Bookkeeping:** In many cases, insurance companies provide outpatient mental health benefits to their insured customers. Please remember that services are provided for and charged to you, not to your insurance company. You are responsible for checking with your insurance company and/or your employer to be certain that they cover the services provided. As a courtesy, we will check insurance coverage, but we cannot guarantee that they will ultimately provide coverage for your services. There are a wide variety of insurance plans available per company; we guarantee

cannot be made that any particular company will provide payment for services that you receive due to this. If your insurance company does not cover the services you receive, you are fully responsible for the amount due. If you have any questions about obtaining coverage, please ask. In most cases, problems with insurance processing can be significantly reduced if the claims are filed through this office.

**Past Due Balances:** Should you have a past due balance after 30 days, you will receive an initial statement informing you of this with a past due stamp. If your balance is 60 days past due, you will receive a second notice, and your provider may reach out to you personally to get the issue resolved. You will also receive a finance charge at 60 days past due and will not be able to be scheduled with your provider until the balance is resolved or a payment plan is created. At 60 days past due, there will be a letter in your statement notifying you that the next step will be a collections letter (beginning on the 91<sup>st</sup> day). **At any time before 90 days** you have the opportunity to make a payment plan on our website or by calling our billing office and setting up a time to do so. At 90 days past due, we will send your information and balance to collections and you will be terminated as a client from Cashman Center. We will provide you with appropriate referrals for your continued care.

**Collections:** In case you do not pay your bill, Cashman Center reserves the right to seek payment with a collection agency or through other legal means. The cost of collection may be added to your bill. Return check fee is \$35 and will be billed to you. Unpaid balances may incur reasonable and customary interest charges.

**Complaints:** We hope that you are satisfied with your treatment at Cashman Center. In the case that you wish to make a complaint of any kind to the Clinical Director, Kathryn Cashman, you may contact her at 952-224-8990, ext 1. For licensing board complaints, see below instructions.

## **Crisis Coverage**

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**In a crisis situation please do the following:**

If you are in a life-threatening crisis, please go to the nearest emergency department or **call 911** no matter what time of day it is.

If you are in crisis, please call:

**Carver-Scott Mental Health Crisis Program 24-hour phone: 952-442-7601**

**Dakota County 24-hour Crisis Line: 952-891-7171**

**Ramsey County Crisis Line: 651-266-7900**

**Hennepin County Crisis Services for Adults (COPE): 612-596-1223**

## **Notice of Health Information Privacy Practices**

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**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **Introduction**

Cashman Center is committed to handling and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the personal information collected, how and when it is used, and how it

might be disclosed. It also describes your rights as they relate to your protected health information. This Notice is effective January 1, 2012 and applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Record/Information**

Each time you visit Cashman Center, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your professional record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool to assess and continually work to improve the services rendered and the outcomes achieved

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of Cashman Center, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Responsibilities of Cashman Center**

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Cashman Center is required to:

- Maintain the privacy of your health information
- Provide you with this notice of legal duties and privacy practices with respect to information collected and maintain about you
- Abide by the terms of this notice
- Notify you if practitioner is unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change the practices and to make the new provisions effective for all protected health information. Should any information practices change, you will be given, in person or mail, a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after receipt of a written revocation of the authorization according to the procedures included in the authorization.

### **For More Information or to Report a Problem**

If you have questions, would like additional information, or believe your privacy rights have been violated; you can contact the Office for Civil Rights (OCR). There will be no retaliation for filing a complaint.

The address for the OCR is listed below:

#### *Office for Civil Rights*

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

## **Bill of Rights**

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Consumers of services offered by Mental Health Practitioners licensed by the State of Minnesota have the right:

1. To expect that the practitioner has met the minimal qualifications of training and experience required by state law
2. To examine the public records maintained by the respective licensing Boards which contain the credentials of the practitioner
3. To obtain a copy of the rules of conduct from the respective licensing Boards of Minnesota
4. To report complaints to the practitioner, and if not satisfactorily resolved, to file a complaint with the respective licensing Boards of Minnesota
5. To be informed of the cost of professional services before receiving the services
6. To privacy as defined by rule and law. This means that no information will be released from the facility in which the practitioner works without the client's informed, written consent, except for the following:
  - a. The practitioner is required by law to report instances of abuse or neglect of a child or a vulnerable adult
  - b. The practitioner is required by law and professional codes of ethics to notify proper persons and/or authorities if the practitioner believes there is a danger to a client or another identified person
  - c. The practitioner is required to report admitted prenatal exposure to harmful controlled substances
  - d. In the event of a client's death, the spouse or parents of the deceased have a right to access the client's records
  - e. The practitioner must produce records or testimony in response to a Court Order and potentially to a subpoena
  - f. Parents or legal guardians of a non-emancipated minor client have the right to access their child's records
  - g. Case discussions with other staff through case management; consultation, testing, and treatment are confidential and are to be conducted as such by all staff
7. To respectful, considerate, appropriate, and professional treatment
8. To be free from being the object of discrimination because of race, religion, gender, or other unlawful category while receiving psychological services
9. To see information in his/her record upon request
10. To be involved in the formulation of the treatment plan, the periodic review of plans and progress, and the formulation of the discharge plan
11. To be informed of treatment options, expected outcome of treatment, expected length of treatment, and cost in language that he/she can understand
12. To discuss needs, wants, concerns, and suggestions with the practitioner
13. To be advised as quickly as possible if a scheduled appointment time cannot be kept due to illness or emergency
14. To refuse to participate in treatment
15. To a copy of this bill of rights
16. To make recommendations to change this bill of rights

The links to Licensing Boards of Minnesota are below.

<http://www.psychologyboard.state.mn.us/>

<http://www.bmft.state.mn.us/>

<http://www.socialwork.state.mn.us/>

<http://www.bbht.state.mn.us/>

[http://mn.gov/elicense/licenses/licensedetail.jsp?URI=tcm:29-2620&CT\\_URI=tcm:27-117-32](http://mn.gov/elicense/licenses/licensedetail.jsp?URI=tcm:29-2620&CT_URI=tcm:27-117-32)

[http://www.eatrightmn.org/mda.cfm?page=minnesota\\_board\\_of\\_dietetics\\_and\\_nutrition](http://www.eatrightmn.org/mda.cfm?page=minnesota_board_of_dietetics_and_nutrition)

~ Psychologists

~ Marriage and Family Therapists

~ Social Workers

~ Professional Clinical Counselors

~ Acupuncture

~ Dietetics and Nutrition

## Client Responsibilities

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Each client has the responsibility to:

- Refrain from physical (and other) abuse of self, others, and property.
- Cashman Center bans all guns/concealed weapons from our premises.
- Clients are responsible for repair or replacement of any property they damage in the facility.
- Pay balances and/or copays on time.
- Refrain from the use of a mood altering substance prior to receiving services at Cashman Center. If it is suspected that you are under the influence of a mood altering substance, Cashman Center reserves the right to cancel your appointment and charge a late cancel fee.
- Arrive on time to scheduled appointments. Should you arrive 10 minutes late for a 60 minute appointment, your provider reserves the right to cancel your appointment and charge a late cancel fee.
- Devote reasonable energy and time to therapy work. Therapy is generally “hard (emotional) work”. For progress to occur, we recommend making your therapy a high priority in your personal life. Your therapist may assign homework to help you learn about yourself, and doing your homework is to expedite your therapy and decrease your costs.
- Fulfill contracted behavior.
- Be honest with your therapist concerning your thoughts and feelings about your therapy and treatment.
- Keep appointments as made. Your appointment time is reserved for you. Therefore, you will be charged for the appointment unless you give at least 24 hours advance notice. Exceptions can apply for emergencies and other extenuating circumstances.
- Keep current in paying your fees (deductibles, co-payments, fee-for-service payments). You are required to pay your fee at the beginning of each session. Although it is possible that mental health coverage deductible amounts may have been met elsewhere (e.g., if there were previous visits to another mental health provider since January of the current year), session fees credited toward the deductible will be collected at the time of the session until the deductible payment is verified by the insurance company or third-party provider. Verification can be through the billing coordinator, who will contact your insurance company to check your benefit status upon request.
- Inform those involved in the treatment plan about any changes to physical health, insurance plan, or ability to pay for contracted services.
- Parents or caregivers are responsible to supervise the activities of children with respect to use of facilities and materials.