CONSENT TO SERVICES

Your Basic Rights and Responsibilities

Your basic rights and responsibilities are outlined in this document. Please talk with me if you have questions or would like more information.

- Respect and Safety: In accordance with my fundamental values, you will be treated with dignity, compassion, and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. I will seek to honor your values.
- In order to provide a safe environment, you are expected to respect other patients and staff. Unsafe acts that place others at risk may result in your dismissal from services.
- Risks and Benefits: You should be aware that while any of the services offered by Mood Food Wellness may offer significant benefits, they may also pose risks. Assessment and clinical services may arouse uncomfortable memories, thoughts or emotions.

Confidentiality

Federal and State of Iowa law provide for confidentiality of your personal and healthcare information. These laws allow you to waive the right of confidentiality through a written and signed consent to disclose personal health information. This form identifies the specific entity that will release the information, the specific entity that will receive the information, the specific purpose of the disclosure, and the timeline during which the consent remains valid. You should also know Federal and State of Iowa laws permit the disclosure of information *without* your written permission in the following situations:

1. To medical personnel in a medical emergency;
2. To appropriate authorities to report suspected child and/or dependent adult abuse or neglect;
3. As allowed by a court order;
4. If you threaten grave bodily harm or death to yourself (Duty to Protect);
5. If you threaten grave bodily harm or death to another person (Duty to Warn);
6. To report a crime committed on Mood Food Wellness. premises or against Mood Food Wellness personnel;
7. Pursuant to an agreement with a qualified service organization / business associate.

Written documentation of behavioral healthcare services provide to you is maintained by Mood Food Wellness. You have the right to inspect this information. You also have the right to request the documentation be amended. You may gain access to your record by notifying us in writing you wish to do so.

Costs of Services and Reimbursement

I understand that there is a cost for the behavioral healthcare services I receive. Costs for services vary and have been discussed with me. I understand that third parties may be obligated to me to pay all or a portion of said fees. I further understand and agree that I am responsible for all portions of the costs of services not paid by said third party. I understand that should my third party payer benefits expire before service goals are completed, Mood Food Wellness staff will discuss with me my options for accomplishing and financing my service goals. I understand that I am required to pay all co-pays or outstanding fees prior to any services being rendered.

I hereby authorize payment of medical insurance benefits to be paid directly to Mood Food Wellness and/or Emily Harbacheck.

I understand there will be a charge of thirty-five dollars ($50) for appointments not cancelled 24-hours in advance.

I understand that should any legal action be necessary to collect monies owed by me under the terms noted above, I will be responsible for any and all costs and attorney fees.

I have read and understand the above information.

Signature (Client or Adult Guardian): _____ Date: _____

Emily Harbacheck, MS, LMHC, NCC
Mood Food Wellness
emily.harbacheck@moodfoodwellness.com
1911 4th St SW Suite C
Mason City, IA 50402
Phone: 641-525-0514