



Many Moons Psychotherapy Services, Inc.
an arts-based approach to emotional health

4 Cottage Street
Freeport, Maine 04032
207-504-2664
www.manymoonstherapy.org

Disclosure Statement & Informed Consent

Informed Consent:

I, _____, parent/ guardian of _____
agree and consent to participate in mental health services offered and provided by Many Moons, Inc. I understand that I am consenting only to those services that my clinician is qualified to provide within the scope of their professional licensing and training. I have been informed of the nature of the proposed treatment and the risks and benefits of such treatment. I understand that I can seek a second opinion, terminate treatment at any time and can inquire about my provider's methods, training and licensing.

Privacy Practices:

Congress passed a law known as HIPAA (Health Insurance Portability and Accountability Act), which is designed to protect your privacy. The law requires you to sign a form that acknowledges your access and receipt of our Notice of Privacy Practices. The Notice of Privacy Practices describes in detail which health care information, such as diagnosis, treatment goals and medications, we may release or discuss with other providers and insurance companies. I hereby acknowledge that I have been offered a copy of Many Moons Notice of Privacy Practices and agree to its terms. If I have any questions, I am free to ask and will be furnished with the answers. I understand that my personal information will be respected and managed in the most confidential and sensitive manner possible and can further discuss the limitations of confidentiality with my provider.

Disclosure Statement:

All clinicians at Many Moons are fully licensed by the State of Maine and abide by its Professional Code of Ethics. To maintain their license, my provider is required to participate in annual continuing education and supervision. For any questions regarding the licensing rules and regulations, or to submit a grievance, I understand that I can contact: Office of Licensing and Registration, 35 State House Station, Augusta, ME 04333-0035, (207) 624-8660, and website at via <http://www.maineprofessionalreg.org>.

Many Moons utilizes a collaborative, family-based, clinical orientation that incorporates all members of the same family in a shared clinical record. I understand that consultation, disclosure, and collaboration may occur between clinicians when currently or previously working with members of the same family.

Insurance & Fees:

The full out-of-pocket fee for services provided is displayed on the sliding fee form provided at Initial Intake, as well as on the practice's website. The out-of-pocket costs may differ from rates submitted to insurance companies. I am responsible for all co-pays, co-insurances and any non-covered services, such as consultation between my provider and anyone I have signed a release for. I am responsible for paying for fees related to testimony in court, even if my attorney did not initiate the subpoena. All non-covered services are listed on the sliding scale form.

If I have private insurance, and choose to provide it, Many Moons is authorized to submit claims on my behalf. As an out-of-network provider agency, Many Moons reserves the right to not submit claims on behalf of their client. At your request, administration can provide a detailed receipt for the client to submit for reimbursement on their own. I will be charged a fee of \$70.00 for canceling an appointment within 24 hours or not showing up at the scheduled time. A \$10.00 fee will be applied for late payments.

Art Supplies & Cats:

Due to the nature of expressive therapies, my clinician may use tools or items to enhance the therapeutic experience. These tools or materials may include musical instruments, sharp pencils, paints, scissors etc. Many Moons incorporates the presence of cats as a therapeutic element to the office. The cats are not specifically trained as therapy animals. I take full responsibility for any injuries incurred while participating in expressive therapies. I/my child will never be forced to use a tool or material and all involvement with these instruments will be done at my own risk.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Clinician Signature: _____ Date: _____