

Informed Consent for Therapy

Nature of Therapy

Megan Basnett, Psy.D., L.P. is Licensed Psychologist #909 in the State of Nebraska. Individual appointments are typically 45-50 minutes, although this may vary. Frequency or sessions and duration of treatment will be determined by you and your therapist. You have the right to file a grievance regarding your therapist or treatment and to terminate services at any time. You also have the right to be an active participant in your treatment plan. _____

Fees

Any questions regarding billing and fees should be directed to the billing department at Alivation. They are available to discuss billing matters during regular business hours. If you are unable to keep a counseling appointment, call the office to cancel as soon as possible and at least 24 hours in advance. Please state your reason for cancellation. Being late for an appointment by 15 minutes or more may require that you reschedule. Three no-show appointments at this location can result in being put on SAME DAY status. The office may charge a fee for no-shows or late cancellations. _____

Third Parties

When someone else is involved in paying for your treatment or is invested in the outcome of your treatment (i.e. insurance carriers, probation, employers), they may be legally or contractually entitled to receive diagnostic evaluations or other information regarding therapy. We will notify you of any disclosures to a third party and a release of information will be requested. Any third party hired by Alivation is covered under the Business Associate Agreement. _____

Emergency Procedures/Operating Hours:

Alivation's reception staff is available from 8:00 AM – 6:00 PM Monday through Friday, excluding holidays. Your individual provider may have different office hours than stated above. If you are in need of mental health services and are at risk of harming yourself or others, please report to your nearest emergency room. If you need to contact your provider, please leave a message for your provider and they will get back to you the next business day, excluding vacation days. You may also call to schedule an appointment with your provider or ask to be put on our wait list for an earlier appointment time. _____

Limits of Confidentiality:

Your therapist adheres to Federal and State laws, code of ethics standards, and HIPAA. All information shared in therapy is considered confidential unless prior written consent is given. To provide effective care, your therapist may consult with other therapists, psychiatrists, PA's, and/or your medical provider at Alivation. There are also certain situations in which your therapist is required to break confidentiality including a reasonable suspicion of past or current child, elder, or dependent adult abuse, a danger to self or others, or when mandated by a court order. If you are a minor child, your parent(s) or legal guardian(s), at therapist discretion, may have access to your records and may authorize release to other parties. Although this office does have safeguards in place to protect your confidentiality, any form of communication through electronic media (e-mail, fax, telehealth) is at risk for unauthorized exposure. Your PHI is stored on an electronic database with encryption in place. If there was a breach of your confidentiality, you would be notified immediately. To protect your confidentiality, please do not friend



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request any employee of Alivation on social media sites. These will not be accepted. Please use judgement when commenting on Alivation or other MH social media posts at your own risk. _____

I have read the above conditions of therapy. I accept these conditions and give my consent to receive therapy at Alivation Health.

Client Name

Client Signature

Provider

Date

Date