



Balance Connection

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Professional Service Agreement

Thank you for choosing Balance Connection. Our goal is to provide you with the best service possible so that you can receive hope and healing. We look forward to working with you to improve your life and your relationships.

For mental health service to be most effective, it is essential to have these services coordinated with other health care providers. Information will only be shared in accordance with the Privacy Policies of Balance Connection. For any person or institution that is not directly related to treatment, payment of services or health care operations of Balance Connection, all health care providers are legally required to report and release the following information without specific authorization: Suspected physical/sexual abuse and/or neglect of a child or elderly person, to prevent injury to self or others, in a medical emergency to save lives, or if ordered by the court.

This document is an agreement between Balance Connection and the Patient and/or the Patient's Guarantor ("You"). In consideration of the health care services provided to you or the Patient and on all other accounts for future health care by Balance Connection, you agree as follows:

1. **CONSENT FOR TREATMENT.** You consent to mental health care as provided by Balance Connection as directed by the mental health professional. You understand that due to factors beyond our control, such benefits and desired outcomes cannot be guaranteed. A variety of treatment methods will be used to provide relief of your symptoms and to improve coping and problem solving skills.

2. **FINANCIAL AGREEMENT.** You agree to pay your Balance Connection bill in full within 30 days of provided services. You will be charged Balance Connection's regular fees. A financial deposit in the form of a valid credit card will be required and kept on-file to pay for services and fees. You agree to pay 1.5% interest per month (annual percentage rate of 18%) of the unpaid balance if your account becomes more than 30 days past due from the date of the invoice. Acceptable forms of payment are cash, check, credit card (Visa, MasterCard, American Express or Discover), HSA or FSA cards. Should collection become necessary by legal suit or other means, you will pay all costs of collection including attorney fees, court costs, including charges and collection agency fees, which would be 35% of the balance signed, with or without suit.

3. **DIVORCE DECREES.** Balance Connection is NOT a party to your divorce decree. Adult client/patients are responsible for their bill at the time of service. The responsibility for services to minors' rests with the accompanying adult. If the divorced couple is splitting costs, one person must take responsibility for coordinating the payment of services and keeping track of documentation related to the services provided.

4. **MINOR PATIENTS.** The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless services have been pre-authorized by the parents (or guardians) and payment has been made before or at the time of service in accordance with item number 2 above.

5. RETURNED CHECKS AND CREDIT CARD DENIALS. If a check has been returned for insufficient funds or a credit card transaction is declined, Balance Connection will reverse the payment amount and add a \$30.00 service fee to cover our costs.

6. MISSED OR CANCELLED APPOINTMENTS. When you make an appointment, we reserve that time for you. When a patient misses or cancels their appointment, it takes away precious time the mental health provider could be spending treating another patient.

PLEASE BE ADVISED THAT BALANCE CONNECTION WILL CHARGE A \$60.00 LATE CANCELLATION FEE IF 24 HOURS ADVANCED NOTICE IS NOT GIVEN.

7. IN CASE OF EMERGENCY. In the event of an emotional, behavioral, medical crises or life threatening emergency, please call the a) the University of Utah Neuropsychiatric Institute at 801-583-2500; b) the Salt Lake County Mental Health Services Prevention and Crises Services at 801-483-5444 or c) call 911 or go to the nearest emergency room. PLEASE BE ADVISED THAT BALANCE CONNECTION DOES NOT PROVIDE 24 HOUR CRISES SERVICES.

8. SPECIAL REQUESTS. Balance Connection reserves the right to charge additional fees for special requests such as, but not limited to: telephone consultations, letters, billing summaries, transportation costs and court appearances.

BY SIGNING, YOU INDICATE THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THESE TERMS, YOU HAVE RECEIVED A COPY OF THIS DOCUMENT, AND THAT YOU ARE THE PATIENT, THE GUARANTOR, THE PATIENT'S LEGAL REPRESENTATIVE, OR LEGALLY AUTHORIZED TO SIGN THIS AGREEMENT AND ACCEPT THESE TERMS.

Patient's Name (print) _____
Date

Patient's (or Responsible Party's) Signature _____
Date