OUTPATIENT SERVICES CONTRACT

Welcome to Sonatix Wellness. We are grateful to be a part of your therapeutic, healing journey. Since this is your first visit, we hope what is written here can answer some of your questions as you seek therapy. Please let us know if you want clarification on any of the topics discussed in this Outpatient Services Contract, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to the information in this Outpatient Services Contract.

PSYCHOTHERAPY SERVICES

We provide psychotherapy services for children, adolescents, adults, couples and families. The first appointment(s) serves as our intake together, and can last 60-80 minutes (depending on your insurance benefits). We will want to hear about the difficulties that led to you making an appointment, goals for therapy, and general information about yourself and your current life situation. The provider will go over with you the therapeutic process, policies and procedures, and explain the services provided here. By the end of this first appointment, we will give you some initial recommendations on what we think will help. If we do not think we are able to best assist you, we will give you names of other professionals who we believe would work well with your particular issues. If you do not agree with our treatment recommendations or do not think our personality styles will be a good match for you, let us know and we will do our best to suggest a different therapist who may be a better fit.

If you and your therapist decide to work together in therapy, you will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are hoping to reduce in therapy. Sometimes more than one approach is helpful, and we will work together to incorporate the modalities that will best serve the therapeutic relationship. Individual, couples, and family therapy sessions last 45-55 minutes (depending on your insurance benefits) unless otherwise arranged. Oftentimes, sessions are set for once each week, but this varies based on what seems most appropriate for your particular situation.

Therapy can be extremely helpful and fulfilling, and it takes work both in and out of sessions to be most effective. It requires active involvement, honesty, and openness in order to change thoughts, emotional reactions and/or behaviors. There are benefits and risks to therapy. Potential benefits include increased healthy habits, improved communication and stability in relationships, and lessening of distress. Some potential risks include increased uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Sometimes couples that come for therapy choose to end their relationships. Although there are many benefits to therapy, there is no guarantee of positive or intended results. If during your work together with your therapist, noncompliance with treatment recommendations becomes an issue, we will make an effort to discuss this with

you to determine the barriers to treatment compliance. At times, treatment noncompliance may necessitate termination of therapy service. We encourage you to discuss any concerns you have about our work together directly so that we can address it in a timely manner. Other factors that may result in termination of therapy include, but are not limited to, violence or threats toward us, or refusal to pay for services after a reasonable time and attempts to resolve the issue. Deciding when therapy is complete is meant to be a mutual decision, and we will discuss how to know when therapy is nearing completion. Sometimes people begin to schedule less frequently to gradually end therapy. Others feel ready to end therapy without a phasing out period of time. We may at times seek consultation with other therapists and providers to ensure we are helping you in the most effective manner. We will give information only to the extent necessary, and we make every effort to avoid revealing the identity of our clients. The consultant is also under a legal and ethical duty to keep the information confidential.

MEDICATION MANAGEMENT SERVICES

For some people, psychiatric medications can play a beneficial role in mental health recovery. This process includes an initial evaluation of psychiatric symptoms and treatment goals, medical history, psychosocial stressors, lifestyle choices, substance use/dependence, and previous medication trials. The provider will also access the history of prescriptions that you have filled from other providers in order to ensure that drug interactions are monitored. The provider may also participate with you in psychotherapeutic modalities in combination with medication to support your treatment plan. By participating in medication management services, you are authorizing the provider to obtain external prescription information by any means, including electronic. If it seems that medications may be of assistance the Nurse Practitioner will work with you to create a medication plan that optimizes benefit while minimizing potential adverse medication effects. As with any medication, those medications used for treatment of mental health symptoms carry both the possibility of great benefit and the risk of adverse effects. While your provider will review these risks and benefits with you, it is impossible to predict how any individual will react to a particular medication and it is always the patient's decision which, if any, medications they are interested in utilizing.

Please note that controlled medications require that you be seen by the prescribing provider within 90 days of a requested refill. If you have not had an appointment within 90 days, and you are on a controlled medication, you will not be able to have that controlled medication prescribed by our Sonatix Wellness Medication Management Providers until you participate in a medication management appointment with your provider. While we will work with you to get your follow up medication management appointments scheduled at intervals to minimize a lapse in medication coverage, it is ultimately you, the patient, who is responsible for ensuring you have the appointments scheduled to maintain access to any controlled medications in your medication plan.

GENETIC SERVICES

Understanding how your unique genes interact with your body functions and behaviors can support your therapeutic growth journey. It may be determined that genetic testing may be helpful in supplementing your treatment plan. The testing process involves participation in an intake assessment with a Nurse Practitioner, where you go over current practices and behaviors, as well as your health and wellness goals. You will also participate in a saliva specimen collection which will be submitted to a third-party lab for processing. Your results will be received electronically through secured servers within 6-8 weeks of specimen submission. The information will be reviewed with you during a session with a Nurse Practitioner where you will work together to find how your genetic results can help direct and support your treatment plan.

Limits of Confidentiality: Like all treatment records, reports and results of genetic testing are confidential and can be released only with a written consent authorizing such release. These results are stored on secured servers. While our third-party lab claims similar regulations on securing data, you can check with the third-party lab directly if you have questions about their confidentiality practices.

OTHER SERVICES

Providers and practitioners at Sonatix Wellness work with you to implement treatments and modalities that support your treatment plan. These treatments include, but may not be limited to: genetic informed care, trauma therapy, hypnosis modalities, microcurrent therapies, therapeutic massage, group therapy, community integration, personality frameworks, and functional medication. Although there are many benefits to these modalities, there is no guarantee of positive or intended results.

AVAILABILITY BETWEEN SESSIONS

If needed, you can leave your therapist a message on our 24-hour voicemail box at 801-893-6399. When you leave a message, include your telephone number, even if you think we already have it, and best times to reach you. We make every effort to return calls in a timely manner. In the rare occurrence that a message is missed or accidentally deleted, if you do not hear back from us within one day, please leave a second message. If we are unavailable for an extended time, such as on vacation, we will inform you of the contact information for the therapist on-call during our absence.

Text messages and emails are primarily to be used for scheduling, changing, or cancelling appointments or requesting medication refills. If you have any clinical issues in between appointments, please call 801-893-6399 and leave a voicemail.

If you would like to leave a text message, you may do so by sending a message to our office inbox at 801-893-6399. Please note that these text messages are managed, read, and replied to by our office staff, and they will not be a private form of communication between only you and your therapist or medication management provider. While we endeavor to keep this form of communication secure, understand that you do so at your own risk, and that there is a possibility that we may not get the message in a timely manner, or that communication will be interpreted in an unclear manner.

If you would like to communicate to your therapist or provider via their professional business email, please note that you must have consent from your therapist or practitioner to do so. In order to maintain your personal privacy and professional boundaries, please do not email your therapist or provider about clinical concerns on their personal email accounts. Our therapists and medication providers will not contact you through any personal email. While we endeavor to keep this form of communication secure, understand that you do so at your own risk, and that there is a possibility that we may not get the message in a timely manner, or that communication will be interpreted in an unclear manner.

If you are in an emergency situation and cannot wait for us to return your call, go to the nearest emergency room or call 911. Sonatix Wellness is not a crisis facility. Do not contact us by email or fax in an emergency, as we may not get the information quickly.

RATES AND INSURANCE

Therapy is a commitment of time, energy and financial resources. If you have health insurance, it is important for you to verify your mental health benefits so you understand your coverage prior to your appointment. Some insurance companies require a precertification before the first appointment or they will not cover the cost of services.

We are happy to assist you by having our Practice Manager file claims to your insurance company on your behalf. **However, you, not your insurance company, are responsible for payment of the fee for therapy.** Acceptable forms of payment include cash, check, debit cards, and major credit cards, and payment is expected at the time of service.

Our current fees are as follows:

- **Medication Management**
  - Initial Intake Appointment (60-80 minutes): $285
  - Follow up + Psychotherapy (45-55 minutes): $190
  - Genetic Initial Assessment (45-55 minutes): $190 + cost of test kit
- **Psychotherapy Counseling**
  - Initial Intake Appointment (45-55 minutes): $150
  - Follow up Appointment (45-55 minutes): $99
- **Massage Therapy**
  - Based off time spent and service rendered
- **Patients with Insurance**: Patients with insurance will be charged based on the procedures rendered and the rates negotiated with each insurance company.
- **Late Cancellation and No Show**
  - These fees are not covered by insurance
  - Late Cancellation Fee: $120
  - No Show Fee: $120

We also provide telephone and online psychotherapy and medication management sessions. The fees for these sessions are the same as the respective appointment type in house. Some health insurance carriers cover telehealth (telephone/online therapy). If your insurance plan does not cover teletherapy, it is your responsibility to pay our full rate per session.

Sonatix Wellness reserves the right to modify rates and fees at any time. When we do modify rates and/or fees, we will notify you of any change 30 days prior to it taking effect. These fees are reviewed annually and an increase of $5 per year applies to our rates every January 1st.

Patients with Insurance

Patients who choose to utilize health insurance will be charged based on the procedures rendered and the rates negotiated with insurance companies. The following table lists our commonly used procedure codes and the current fee schedule sent to insurance companies.

Procedure Code	Modifier	Fee
81443		$ 350.00
90791		$ 300.00
90791	95	$ 300.00
90791	SA	$ 250.00
90832		$ 90.00
90832	95	$ 90.00
90832	SA	$ 75.00
90833		$ 144.00
90833	95	$ 144.00
90834		$ 135.00
90834	95	$ 135.00
90834	SA	$ 135.00
90836		$ 144.00
90836	95	$ 144.00
90837		$ 180.00
90837	95	$ 180.00
90837	SA	$ 180.00
90838		$ 168.00
90838	95	$ 168.00
90846		$ 180.00
90847		$ 180.00
90853		$ 90.00
96156		$ 0
96159		$ 0
99203		$ 300.00
99203	95	$ 300.00
99204		$ 390.00
99204	95	$ 390.00
99205		$ 420.00
99205	95	$ 420.00
99212		$ 72.00
99213		$ 144.00
99213	95	$ 144.00
99214		$ 180.00
99214	95	$ 180.00
99215		$ 216.00
99215	95	$ 216.00

Out-of-Session Services Policy

As part of your treatment, there may be times when professional services are provided outside of your regularly scheduled therapy appointments. These services may include, but are not limited to:

- Phone consultations exceeding 15 minutes
- Preparation of formal documentation or letters at the client's request
- Lengthy text correspondence, either via email, text, or written letters
- Coordination of care and professional consultation with other providers (e.g., physicians, psychiatrists, school personnel), with proper authorization

Fees for these out-of-session services are based on the therapist's standard hourly rate and will be discussed with you in advance whenever possible. In cases where advance notice is not feasible, you will be informed of the fee as soon as reasonably possible.

Please note: The standard fee for writing letters requested by the client outside of session is $100 per hour, billed in 15-minute increments, with a minimum charge of $25.

If you have any questions regarding out-of-session services or fees, please speak directly with your therapist for clarification.

Insurance and Payment

We check insurance benefits as a courtesy for our clients. There are times when insurance misquotes benefits. **In the event of a misquote, clients are still responsible for their copay/coinsurance/deductible amount that insurance reports after claims are submitted.** Clients can call their insurance company to check their own benefits as well by calling the number on the back of their insurance card.

Insurance Utilization

As an insurance subscriber, it is your responsibility to determine the status of your insurance. This includes, but is not limited to, knowing if your insurance coverage is currently active, that the providers and services offered at Sonatix Wellness are in network, that the providers and services offered at Sonatix Wellness will be covered by your insurance plan, and the cost of the expected insurance copays for services rendered.

Most insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes additional clinical information. If you request it, we will provide you with information to send to your insurance company. This information will become part of the

insurance company's files. Insurance companies claim to keep information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices.

If you are going to utilize your insurance to process claims here, please note that there may be a required payment at the time of service. When your deductible has not been met prior to your appointment, then an insurance company may not cover the entire cost of an appointment, and therefore require you to pay the cost of services. If you have not yet met your deductible, we require a portion of that payment upfront as defined below according to the services rendered. This payment will be subtracted from the bill you will later receive from your insurance company. In the event of any overpayment made, the amount overpaid will be credited toward a future bill of the patient, if another appointment has been made. You may request a payout of the credit, if desired. If another appointment has not been made, we will payout the credit to you. **Please note that these payments are due at the time of your appointment.**

Below are the listed "Deductible Not Met" Payments for services rendered:

- Appointments with Medication Provider: $147
- Appointments with Therapists: $74

Cash Pay

You are not required to have health insurance to participate in services here at Sonatix Wellness. If you have medical insurance and you do not wish to use it at Sonatix Wellness, you will be required to fill out the Health Insurance Opt Out Form.

Cancellation and Missed Appointment Policy

Your scheduled appointment time is reserved just for you. In order to provide quality care to all clients and respect everyone's time, we ask that you notify us at least 24 hours in advance if you need to cancel or reschedule. You must notify us either via direct contact with a member of our front office staff, or by leaving a voice message in our voicemail inbox at least 24 hours in advance of your appointment time.

Appointments canceled with less than 24 hours notice or missed without any notice, or otherwise considered a "No Show", will be subject to a $120 fee. In addition, if you are more than twenty (20) minutes late to your appointment start time, Sonatix Wellness has the right to consider the appointment a No Show, may choose to not hold the appointment with the remaining time, and will be subject to the $120 fee. **Please note that insurance companies do not cover fees for missed or late-canceled appointments, and you will be personally responsible for these charges.**

If fees for services or late cancellations remain unpaid after reasonable efforts to resolve the matter, the account may be referred to a collections agency.

We understand that life happens; emergencies, illness, or unexpected situations may arise. While we are compassionate to these circumstances, this policy will be applied consistently in order to maintain fairness and uphold the integrity of our scheduling system. As a courtesy, each client is allowed one (1) *grace* late cancellation per calendar year without charge.

SOCIAL MEDIA POLICY

In order to maintain your confidentiality and our respective privacy, we do not interact with current or former clients on providers' personal social networking websites. We do not accept friend or contact requests from current or former clients on personal social networking sites including Twitter, Facebook, LinkedIn, etc. We will not respond to friend requests or messages through these sites. We do have a business Instagram account that you may choose to follow at your own discretion.

We will not solicit testimonials, ratings or grades from clients on websites. We will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. Our hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly. Our HIPAA compliant EHR system occasionally sends out surveys about your provider. This is optional and is only seen by select employees of Sonatix Wellness.

PROFESSIONAL RECORDS

Both law and the standards of our profession require that we keep appropriate treatment records. If we receive a request for information about you, you must authorize in writing that you agree that the requested information is released.

In order to facilitate and support appropriate records, our therapists and Nurse Practitioners implement a recording and note taking software program. This application records and summarizes therapy appointments in order to better facilitate the fidelity of treatment notes. The application claims to be compliant with HIPAA standards and any data stored is stored securely and managed in compliance with our HIPAA statement.

If you request a copy of your medical records, you will be required to pay a fee of $0.25 per page for a copy of those records. Payment for the records will be required at the time of the request. The completion of the request will take up to 30 business days to complete. Please be advised the provider reserves the right to refuse to provide a copy of medical records if deemed detrimental to the patient’s mental health. The provider reserves the right to redact private clinical notes or the patient’s confidential information upon medical record requests.

CONFIDENTIALITY

In general, law protects the confidentiality of all communications between a client and a mental health clinician, and we can only release information to others with your written permission. However, there are a number of exceptions, which are indicated below. More information is provided about this in your HIPAA statement.

In judicial proceedings, if a judge orders the records released, we have to release the records. In addition, we are ethically and legally required to take action to protect others from harm even if taking this action means we reveal information about you. For example, if we believe a child, elderly person or disabled person is being abused or neglected, we are mandated to report this to the appropriate state agency. If we believe a client is threatening serious harm to another person or property, we must take protective action (through notifying the potential victim, the police, and/or facilitating hospitalization of my client). If we believe a client is a serious threat to harming him/ herself, we must take protective action (arranging hospitalization, contacting family/ significant others for notification, and/ or contacting the police). We would make reasonable effort to discuss any need to disclose confidential information about you, and we are happy to answer any questions you have about the exceptions to confidentiality.

MINORS

If you are under 12 years of age, please be aware that the law may provide your parents the right to examine your treatment records. If you are between the ages of 12 and 18, the law may provide your parents the right to examine your treatment records if after being informed of your parents' request to examine your records, you do not object or your therapist does not find that there are compelling reasons for denying the access to the records. Notwithstanding the above, your parents are always entitled to the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. Before giving them any information, your therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have with what is prepared to discuss.

Consent for Treatment of a Minor with Divorced Parents

In accordance with Utah law (Utah Code § 30-3-10.9), when a minor's parents are divorced or separated, both parents typically retain legal custody and decision-making rights unless a court order or divorce decree specifies otherwise. Therefore, our policy requires that *both* parents provide written consent for a minor to receive mental health services, unless legal documentation (such as a court order or divorce decree) explicitly grants one parent sole legal custody and authority to make healthcare decisions independently. It is the responsibility of the parent seeking services to provide such documentation prior to the child's first appointment. Without appropriate documentation, we are unable to proceed with treatment.

COURT RELATED SERVICES

We do not provide or perform evaluations for custody, visitation or other forensic matters. Therefore, it is understood and agreed that we cannot and will not provide any testimony or reports regarding issues of custody, visitation or fitness of a parent in any legal matters or administrative proceedings.

If we are contacted by an attorney regarding your treatment (either at your behest or related to a legal matter you are involved in) please note the following:

- We charge a $2000 retainer prior to any preparation or attendance of legal proceedings.
- We charge $250/hour to prepare for and/or attend any legal proceeding and for all court related services.
- Charges for court related services are not covered by insurance.
- Court related services include: talking with attorneys, preparing documents, traveling to court, depositions and court appearances.
- If the court or attorneys do not pay our fee, you will be charged for the time we spend responding to legal matters
- You will also be charged for any costs we incur responding to attorneys in your case, including but not limited to fees we are charged for legal consultation and representation by our attorneys.

COMPLAINTS

If you have a concern or complaint about your treatment or about your billing statement, please talk to us about it. We will take your criticism seriously, openly, and respond respectfully.

QUESTIONS

If during the course of your therapy, you have any questions about the nature of your therapy or about your billing statement, please ask.

A FINAL WORD

The counseling relationship is a very personal and individualized partnership. We want to know what you find helpful and what, if anything, may be getting in the way. We want you to feel free to share with us what we can do to help.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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

YOUR RIGHTS	YOUR CHOICES	OUR USES AND DISCLOSURES
Your have the right to: • Get a copy of your paper or electronic medical record • Correct your paper or electronic medical record • Request confidential communication • Ask us to limit the information we share • Get a list of those with whom we've shared your information • Get a copy of this privacy notice • Choose someone to act for you • File a complaint if you believe your privacy rights have been violated	You have some choices in the way that we use and share information as we: • Tell family and friends about your condition • Provide disaster relief • Include you in a hospital directory • Provide mental health care • Market our services and sell your information • Raise funds	We may use and share your information as we: • Treat you • Run our organization • Bill for your services • Help with public health and safety issues • Do research • Comply with the law • Respond to organ and tissue donation requests • Work with a medical examiner or funeral director • Address workers' compensation, law enforcement, and other government requests • Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information provided in this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

- **Treat you**
  We can use your health information and share it with other professionals who are treating you.
  Example: A doctor treating you for an injury asks another doctor about your overall health condition.

- **Run our organization**
  We can use and share your health information to run our practice, improve your care, and contact you when necessary.
  Example: We use health information about you to manage your treatment and services.

- **Bill for your services**
  We can use and share your health information to bill and get payment from health plans or other entities.
  Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Outpatient Services Contract

Please ask before signing below if you have any questions about psychotherapy or our office policies. Your signature indicates that you have read our Outpatient Services Contract and agree to enter therapy under these conditions. Your signature below indicates that you are making an informed choice to consent to therapy and understand and accept the terms of this agreement.

I have read and agree to the terms in the outpatient services contract (pages 1-11).

Client Name: _____

Client Signature: _____ Date: _____

Guardian Signature (if minor): _____ Date: _____

Guardian Signature (if minor): _____ Date: _____

Notice of Privacy Practices

I have read the notice of privacy section (pages 12-15).

Client Name: _____

Client Signature: _____ Date: _____

Guardian Signature (if minor): _____ Date: _____

Guardian Signature (if minor): _____ Date: _____

SONATIX
WELLNESS

Demographic Information

Client Legal Name:	Date:
Client Preferred Name:	Preferred Pronouns:
Legal Sex: ☐ M ☐ F *While Sonatix Wellness recognizes a number of genders / sexes, many insurance companies do not. Please be aware that your legal name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronouns are different from these, please let us know.	
DOB:	Email: ☐ Check box if interested in our monthly newsletter with news, workshops, and articles via email.
Client Address:	
Best number to reach you:	May we leave a message? ☐ Yes ☐ No
Policy Holder Name:	DOB:
Relationship to client:	

Emergency Contact/Guardian Information

Name:	Relationship to client:
Address:	Phone Number:

Additional Information

What are your presenting issues?
How were you referred to Sonatix Wellness?
Please list any medications/doses:

SONATIX
WELLNESS

AUTHORIZATION FOR RELEASE OF MENTAL HEALTH, ALCOHOL & DRUG ABUSE, AND OTHER PERSONAL HEALTH INFORMATION

I, _____ hereby authorize _____
(Patient/Parent/Guardian/Power of Attorney) (Facility/Therapist/Counselor)

to exchange/release any and all records or information regarding _____
(Name of Patient)

The following items must be **checked and initialed** to be included in the use and/or disclosure of other health information:

☐ HIV/AIDS related treatment ☐ Mental health information ☐ Psychotherapy notes

☐ Sexually transmitted diseases ☐ Drug/alcohol diagnosis, treatment/referral

to _____
(receiving Agency/person) (Address)

for the purpose of (please check all that apply):

☐ Continuing (health and mental health) treatment or care and continuity of care ☐ Therapist transition

☐ Billing, payment and financial matters and arrangements ☐ Consultation, advise and representation

☐ Housing or other arrangements and services ☐ Other _____

This consent is valid until (calendar date)_____

I understand that I have the right to inspect and copy the information to be disclosed and may revoke this authorization at any time. Any such revocation will not affect materials disclosed prior to the revocation. The above-named person authorized to receive this information may use the information only for the purposes outlined above and may not redisclosed it without my written authorization.

I also understand that if I refuse to consent to this release of information the following may occur _____

_____ _____
(Minor recipient, 12-17 yrs. Inclusive) (Signature of adult patient or parent)

_____
(Witness)

NOTICE TO PATIENT AND RECEIVING AGENCY:

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, HIPAA, and applicable Federal and State Alcohol and Substance Abuse Confidentiality Acts, there may not be redisclosure of any of the information provided pursuant to this release unless the patient, and/or parent of the patient who is a minor, specifically authorizes such disclosure. A separate release is required for psychotherapy notes.

REVOCATION OF AUTHORIZATION

The undersigned hereby revokes the above authorization for disclosure.

_____ _____
(Patient, parent, guardian) (Witness)

_____ _____
(Authorized agent - Power of attorney attached) (Date)

SONATIX
WELLNESS

Credit Card on File

Payments are due at the time of service. Sonatix Wellness requires a credit, debit, or flex spending/HSA card on file in order to schedule sessions. The credit card on file can be used in order to pay for any copays, co-insurance, deductibles, no shows/late cancellations or out of pocket payments if no other payment method is used at the time of the session or if a late cancellation or no show is incurred (in which case, the credit card on file will be charged our full fee on the day of scheduled session). Clients may also pay by cash or check at each session. Your credit card will be stored in a HIPAA compliant electronic health system and this document will be safely destroyed.

Please check the box and sign below:

☐ Please charge my card for charges in full for sessions at the time of service.

Client Name:		
Cardholder Name:		
Credit Card Number:		
Expiration Date:	Billing Zip Code of Credit Card:	Security Code:
Cardholder's Signature:		Date:

I understand that by signing above, I am authorizing Sonatix Wellness to charge my card in the manner indicated by my initials above. These balances may include co-pays, co-insurance amounts, out of pocket payments, deductibles, no show or late cancel fees.

Client Consent Form for the Use of Virtual Scribe

Introduction
To ensure we can fully focus on you during our sessions and provide the best care possible, we now use a virtual scribe that generates the necessary documents, reducing the need for note-taking throughout the sessions. This ensures our time together flows smoothly and without interruption.

Privacy
The documents produced by the scribe are derived from session recordings, which are not stored and are automatically deleted after processing. The scribe complies with HIPAA regulations, with all data encrypted both in transit and at rest. Additionally, notes can be manually deleted at any time or set to automatically delete after 30 days.

Benefits

- Enhanced Focus: Fully concentrate on the session without the interruption of constant note-taking.
- Effortless Documentation: The service eliminates the need for manual documentation, ensuring seamless capture of information. Insurance companies require detailed, accurate, and timely documentation to justify reimbursement. A virtual scribe ensures notes meet medical necessity criteria (e.g., documenting symptoms, interventions, progress), reducing the risk of denied claims.
- Reduced Workload: Mitigates workload and potential burnout, contributing to an improved quality of care.

While the use of the virtual scribe is designed to optimize the session, it is important to note that choosing not to utilize this service will not have any negative impact on the therapeutic process. Your comfort and autonomy in our sessions remain our top priority.

By signing below, I confirm my consent to the use of virtual scribe during my sessions.

Patient Name: _____ Date: _____

Signature: _____

Please keep a copy of this consent form for your records. If you have any questions or concerns, feel free to discuss them with your mental health provider.

SONATIX
WELLNESS

Third-Party Financial Responsibility Form

I, _____ (name of third-party payor) agree to pay for psychotherapy services and other clinical services for _____ (name of patient) according to the fee agreement between the therapist and the client.

I understand the following terms apply to this agreement:

Payment will be made as follows, (Check One)

☐ At Time of Service ☐ Other (Specify):

- The fee for services can be found on the Good Faith Estimate Form
- Patients are ultimately financially responsible for all treatment and care.
- It is your responsibility to inform Sonatix Wellness as soon as you know if there are changes in your ability and/or willingness to pay.
- Services will be terminated if timely payment is not made as agreed to by this consent.
- Consent to assume financial responsibility for these services does not entitle the third-party payer access to confidential information unless otherwise agreed in writing by the above-named patient.
- Upon your request and upon obtaining the patient's written permission, when appropriate, you will be provided with a superbill, which is acceptable for presenting to your insurance carrier for possible reimbursement. Not all conditions are reimbursable.
- If you are utilizing insurance, it is your responsibility to provide the most up to date insurance information regarding your policy.
- Patients may incur, or assume responsibility for additional charges if applicable, these charges include:
    - Charge for cancellations within 48 hours of your scheduled session
    - Missed appointments

Signature of Patient: _____ Date: _____

Signature of Third-Party Payor: _____ Date: _____