

Disclosure Statement
Melissa Nokes Counseling, Inc.
7600 143rd St, Suite 300
Apple Valley, MN 55124
612-499-0692

- Payment is due at time of session.
- Cancellation Policy: We have a 24 business hour cancellation policy. If you need to cancel for any reason with less than 24 business hours there will be a charge of \$50.
- You authorize your credit card to be charged for any late cancellation fee, returned checks or unpaid insurance. We will routinely charge your credit card for unpaid co-pays and insurance. Please initial _____

Credit Card Info: number: _____

Exp: _____ CVV _____ (3 digits on back, Amex 4 on front)

- Consumers of psychological services, or marriage and family therapy services offered by Psychologists, Marriage and Family Therapists, or Licenses Social Workers or Licensed Professional Clinical Counselors licensed by the State of Minnesota have the right:
 - To expect that a therapist has met the minimal qualifications of training and experience required by state law;
 - To examine public records maintained by the Licensing Board or Boards, which contain the credentials of a therapist;
 - To obtain a copy of the Code of Ethics or Rules and Conduct from the appropriate Licensing Board or Boards;
 - To report complaints to the appropriate Licensing Board by writing or calling: Minnesota Board of Psychology – 2829 University Avenue SE, Suite 320, Minneapolis, Minnesota 55414. Phone: (612) 617-2230; and/or b) Minnesota Board of Marriage and Family Therapy -2829 University Avenue SE, Suite 330, Minneapolis, Minnesota 55414. Phone: (612) 617-2220; c) State of Minnesota Board of Social Work 2829 University Avenue SE, Suite 340, Minneapolis, Minnesota 55414. Phone: (612) 617-2100, d) Minnesota Behavioral Board of Health and Therapy 2829 University Ave SE Suite 210, Minneapolis, MN 55414 (612) 617-2178.
 - To be informed of the cost of professional services before receiving the services;
 - To privacy as defined by rule and law;
 - To be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
 - To have access to their records as provided in Minnesota Statutes, section 144.335, subdivision 2
 - To be free from exploitation for the benefit or advantage of a therapist.
 - To refuse treatment at any time.
- Confidentiality: Information that a client shares with a therapist is completely confidential, except where otherwise specified by law. Information pertaining to a client's record, or a client's identity, cannot be released to any individual or agency outside of TM Counseling

without the written consent of the client. For the purposes of gaining greater perspective, case scenarios may be shared within TM Counseling. I understand that TM Counseling will use e-mail to communicate between offices and clients and that this entails some risk.

- By law, if the therapist determines that the safety of the client is in question or that the client has plans to harm any other person(s), the therapist is required to make a report to the proper authorities and the person(s) mentioned, if appropriate. Also, if the client discloses any information that could be interpreted as physical or sexual abuse to a child or vulnerable adult, the therapist is required to make a report to the proper authorities. A court of law may also require clinical records without a client's consent.
- We reserve the right to use a collection agency to collect overdue payments.
- I/we authorize payment of benefits to Melissa Nokes/ TM Counseling for services rendered to myself and/or dependents.
- I/we hereby authorize the release of required information to my insurance company.
- A copy of this Disclosure Statement is available at melissanokeslmft.com please notify your therapist if you'd like a paper copy.
Initial _____
- I have read and understand the information presented in this form: (In case of couple, both should sign)

Client: _____ Date: _____

Client: _____ Date: _____

Parent/Guardian: _____ Date _____

Therapist: _____ Date: _____