



CATHOLIC CHARITIES OF THE DIOCESE OF NEW ULM
1421 6TH NORTH STREET, NEW ULM, MN 56073
1-866-670-5163

- Please read the Statement of Clients Rights, Client Information, the Fee Schedule and the Insurance Information forms provided to you.

IF YOU ARE PLANNING ON FILING WITH YOUR INSURANCE CARRIER

- Call your insurance company as pre-authorization may be required (it is the client's responsibility to obtain approval from insurance company).
- Provide your insurance card along or bring a copy of the card (both front and back side).
- Provide proof of income. This can be your last year's 1040 Income Tax Return(s) or 3 consecutive paycheck stubs.

IF YOU CHOOSE TO USE THE SLIDING FEE (if you do not have ins. or ins. does not cover) PLEASE ALSO PROVIDE ONE OF THE FOLLOWING 2 VERIFICATIONS TO ESTABLISH YOUR FEE WITHIN THE SLIDING FEE SCHEDULE

- (1) IF YOU ARE WORKING THE SAME JOB(s) as you were the end of last calendar year, bring your 1040 Income Tax Return(s) that was submitted to the IRS (OR)
- (2) IF YOU ARE WORKING DIFFERENT JOB(s) this present calendar year; bring 3 consecutive paycheck stubs from your current job(s) (OR)

IF YOU WOULD LIKE TO APPLY FOR A SCHOLARSHIP TO ASSIST WITH THE COST OF YOUR SESSIONS, PLEASE CALL THE CATHOLIC CHARITIES OFFICE OR REQUEST THE FORM FROM YOUR COUNSELOR.

If you have any questions please call Catholic Charities at 866-670-5163.

Thank you.



Catholic Charities of
The Diocese of New Ulm
1421 Sixth Street North
New Ulm, MN 56073
1-866-670-5163

DNU - 102

Client Information Overview revised January 2022

Service Office Locations:

Hutchinson: 101 Main Street South, Suite 205, Hutchinson, Minnesota 55350

Marshall: Campus Religious Center, 1418 State Street, Marshall, Minnesota 56258

New Ulm: Diocesan Pastoral Center, 1421 Sixth Street North, New Ulm, Minnesota, 56073

Willmar: 713 12th Street SW, Willmar, Minnesota 56201 (St. Mary's Parish)

Hours (vary by location and staff availability)

Call 1-866-670-5163 to set a time for an appointment.

Professional Fees for Service

Catholic Charities hourly fee per professional clinical counseling session (45-60 minutes) is: \$150.00 (Intake session is \$225.00)

Other fees for testing or group process are identified in the Fee Schedule.

Insurance

As a service to you Catholic Charities will bill insurance companies and other third party payers. At the same time, Catholic Charities cannot guarantee benefits or the amount that might be covered. If you choose not to use your insurance benefit you will be responsible for our professional service fee of \$150.00 per hour. Insurance generally does not cover missed or cancelled appointments.

Sliding Fees and Scholarships

A sliding fee is available if you do not have insurance or your insurance company denies coverage. No sliding fee reduction is available for client's who have insurance benefits but choose not to access them. The fees are based on family size and total family income. Funding from the Diocese of New Ulm Annual Diocesan Ministries Appeal, other donations, and fees paid by clients support the sliding fee service. Scholarships are also available to any clients unable to pay their fees. All fees are subject to change.

Treatment Plan

The counselor's primary professional responsibility is to you the client. The counselor will respect your right to self-determination. You have the right to refuse any proposed treatment, unless those rights have been limited by law or court order. The counselor will discuss with you consequences of refusing any treatment and of any other treatment options.

It is your right and responsibility to participate in treatment planning. The number of counseling sessions can depend upon the complexity of issues you work on, and the amount of effort and time needed to implement the plan. If you are interested in looking at other options, such as a specific evaluation or support group, talk to your counselor.

Your counselor welcomes your feedback regarding the progress of your treatment. Although you may terminate your counseling whenever you wish, it is important to discuss the decision with your counselor. You may review the content of your record. To review your record, it is best to schedule a meeting with your counselor.

If you have an emergency during non-office hours, your counselor may not be available to you. Please talk to your counselor about resources in your community that can be utilized during a crisis. If you need to contact your counselor, call 1-866-670-5163. A Catholic Charities staff resource will call you as soon as possible.

Terms of Confidentiality

Information received from you about you and others in the course of therapy is confidential. It cannot be released without the written consent of the client or the client’s legal guardian. It is the policy of this agency not to release any information about a client without a signed release of information unless Catholic Charities is directed to release the records by an order of the court.

There are also a few exceptions to complete privacy as defined by law:

Information shared with Catholic Charities regarding abuse or neglect of children or vulnerable adults will be reported to the appropriate authorities with or without your consent and additionally to the Diocese of New Ulm, if the abuse involves a priest or church personnel (employee, volunteer or contracted).

Because Catholic Charities counselors are mandated to report issues involving client’s potential to harm themselves or others and to report child abuse or neglect, information disclosed to Catholic Charities regarding hurting one’s self or someone else will be reported to the appropriate authorities with or without your consent.

Information regarding admitted prenatal exposure to controlled substances will be reported to the appropriate authorities with or without your consent.

In the event of a client(s) death, the spouse or parents of a deceased client have a right to gain access to their child’s or spouse’s record.

Parents or legal guardians of non-emancipated minor clients have the right to gain access to the client’s records.

When fees for service are not paid in a timely manner, we will contact you about the unpaid fees. If a fee remains unpaid, it is reported to the Finance Department of the Diocese of New Ulm for follow-up. Clients are asked to apply for a scholarship, or request a fee waiver if they cannot pay the fee for counseling services.

Insurance companies and other third party payers may require and/or be entitled to information such as dates of service, diagnosis, treatment plans, description of symptoms, progress of therapy, case notes and summaries.

Case notes, phone calls, and reports are generated within the agency by the counselor and/or the administrative support staff. Staff are all held accountable for the confidentiality of the record.

Information in client records may be disclosed in consultation with Catholic Charities Clinical Counseling Staff to provide the best possible treatment. In such cases the name of the client or any identifying information is not discussed. Only non-identifying clinical information is reviewed.

I have received and read this Client Information and I have been given the Statement of Client Rights and Responsibilities.

Client’s Name (please print) _____

Client’s Signature (or guardian’s) _____

Witness (Counselor) Signature _____

Date _____



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1421 Sixth Street North
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DNU – 101
4/8/2020

STATEMENT OF CLIENT RIGHTS

YOU HAVE A RIGHT TO:

1. Be treated confidentially with respect, courtesy, and competence.
2. Be provided initial services regardless of income status or insurance coverages.
3. Be provided a referral or follow up with a counselor in three working days if needed.
4. Be given an assessment of your situation and alternatives to deal with it.
5. Be shown respect for your religious beliefs, social views, and cultural background. You may request translation if needed. Nondiscrimination and self determination are core client rights.
6. Share in setting goals and treatment alternatives, scheduling sessions and establishing a treatment plan.
7. Be given an explanation of the consequences of various treatment alternatives.
8. Disagree with the course of treatment and meet with another counselor or the program director if needed.
9. Be given a reason for case transfers, referrals, or discontinued services.
10. Be given a written notice of how your health information will be used.
11. Be guaranteed that your health information will be shared with others only with your permission.
12. Be told that counselors are required by law to share information with appropriate authorities if there is reason to believe:
 - a. A child or vulnerable adult is being physically, sexually, or emotionally abused or neglected;
 - b. A vulnerable adult is being financially exploited.
 - c. A client is using street drugs during pregnancy.
 - d. A client has plans to seriously hurt someone, including themselves, or needs emergency help.
 - e. A client is incapable of caring for themselves or others due to mental health circumstances.
13. Know that progress notes are kept by agency staff regarding each visit to the agency. Client records belong to the agency and cannot be removed. They may be reviewed, except when prohibited by legal sanction or an ethics mandate.
14. Expect confidential handling of case files. However, the following are situations when others may receive information about a client without a specific release of information:
 - a. Catholic Charities staff need to access files for professional purposes and clinical consultation.
 - b. A court order may require the release of file information following client notification.
 - c. Files may be accessed for quality control reasons, accreditation or reviews by appropriate insurance authorities in order to monitor the agency's performance and for insurance verification.
 - d. Parents may see a minor's file. Minors may request an exception.
15. Know and understand the agency's grievance policy and how to proceed if necessary;
 - a. Talk with your counselor first about your concern.
 - b. Ask to talk with the director or another counselor if you aren't satisfied with the first step.
 - c. Write a grievance to be reviewed by the Catholic Charities Advisory Committee.
 - d. Expect a written response to a formal complaint.
14. You have a right to file a complaint with the appropriate state agency by calling the following:
 - a. Board of Marriage & Family Therapy 612-617-2220
 - b. Board of Psychology 612-617-2230
 - c. Board of Social Work 888-234-1320
 - d. MN Board of Behavioral Health and Therapy 612-617-2178

STATEMENT OF CLIENT RESPONSIBILITIES

YOU ARE RESPONSIBLE FOR:

1. Respecting the privacy of other people served by the agency.
2. Notifying the agency if you cannot keep an appointment
3. Paying any fees you have agreed to pay in a timely manner or discussing payment/scholarship alternatives.
4. Taking an active part in counseling by sharing concerns, asking questions, and being honest about issues.
5. Being open to looking at problems in new ways and considering alternative solutions.
6. Participating in the creation of a treatment plan and adjustments going forward.
7. Discussing your situation with another counselor or the director if you are not satisfied with the services you are receiving.
8. Respecting the right of the agency to discontinue or revise services if a client fails to follow through with appointments, or the agency recommends more appropriate resources.

I HAVE READ AND UNDERSTAND MY RIGHTS AND RESPONSIBILITIES LISTED ON BOTH SIDES OF THIS DOCUMENT.

I HAVE RECEIVED A COPY OF CATHOLIC CHARITIES CLIENT INFORMATION (DNU 102).

Client(s), Parent or Guardian Name (Printed)

Client(s), Parent or Guardian Signature

Date

Counselor or Agency Representative Signature

Date

_____ Original for file – please provide copy for client



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INSURANCE INFORMATION & BILLING ASSIGNMENTS revised August 2022

CLIENT INFORMATION

Client Name: _____ Date of Birth: _____ Sex: _____ Marital Status: _____
 Address _____ City _____ Zip Code _____
 Phone (Home): _____ msg (YorN) (Work): _____ msg (YorN) (Cell): _____ msg (YorN)
 Emergency Contact Name: _____ Phone: _____

PRIMARY INSURANCE INFORMATION

Insurance Company: _____ Address: _____ Phone: _____
 Policy Holder Name: _____ Date of Birth: _____
 Policy Identification #: _____ Policy/Group #: _____
 Effective Date: _____ Deductible \$ (hrly): _____ Copay \$ (hrly): _____

SECONDARY (OR SPOUSES) INSURANCE INFORMATION

Insurance Company: _____ Address: _____ Phone: _____
 Policy Holder Name: _____ Date of Birth: _____
 Policy Identification #: _____ Policy/Group #: _____
 Effective Date: _____ Deductible \$ (hrly): _____ Copay \$ (hrly): _____

ASSIGNMENT OF BENEFITS

I/We give permission for Catholic Charities of the Diocese of New Ulm, to release/exchange information regarding the status of my/our (or my/our dependent's) case as it relates to insurance coverage with my/our insurance provider(s). I/We authorize Catholic Charities to bill my/our insurance company for services received from Catholic Charities. I/We also authorize my/our Insurance Provider(s) to make all payments, in part or in full, directly to Catholic Charities for all professional services rendered. I/We understand that if insurance is not in effect at the time of service, or if the services provided are not covered, I/we will be responsible for applicable fees for those dates of service.

I/We further agree to the sliding fee established according to the counseling fee disclosure statement and understand that it is non-refundable once services have been provided. I/We understand that my/our co-pay and/or sliding fee amount is due at the time of billing. I/We further understand that Catholic Charities may refer this account (for adjustment) if payments are not collected. I/We can also request a scholarship or fee write-off if my/our financial situation changes.

If the above insurance does not cover the full cost of service, I/we agree to work with our counselor regarding a reasonable fee. Further, if I/we do not provide information necessary for insurance carriers to process claims, I/we may be responsible for the full cost for all professional services rendered. Catholic Charities staff will work with clients when insurance copays are cost prohibitive.

Client or Guardian Signature: _____ Date: _____

Client or Guardian Signature: _____ Date: _____

Agency Representative Signature: _____ Date: _____



COUNSELING SERVICE FEE SCHEDULE
Catholic Charities of the Diocese of New Ulm
Offices in Hutchinson – Marshall – New Ulm – Willmar
1-866-670-5163

Individual, Marriage and Family Counseling Fees

Full Rate: \$150.00 per hour

| Adjusted Gross Household Income | FAMILY SIZE | | | |
|---------------------------------|-------------|----------|----------|-----------|
| | 1 | 2 | 3-5 | 6 or more |
| \$0-12,999 | \$10.00 | \$10.00 | \$10.00 | \$10.00 |
| \$13,000-15,999 | \$15.00 | \$15.00 | \$10.00 | \$10.00 |
| \$16,000-19,999 | \$22.00 | \$22.00 | \$15.00 | \$10.00 |
| \$20,000-23,999 | \$38.00 | \$38.00 | \$30.00 | \$15.00 |
| \$24,000-29,999 | \$53.00 | \$53.00 | \$38.00 | \$30.00 |
| \$30,000-34,999 | \$75.00 | \$75.00 | \$45.00 | \$30.00 |
| \$35,000-39,999 | \$90.00 | \$90.00 | \$68.00 | \$45.00 |
| \$40,000-44,999 | \$120.00 | \$120.00 | \$90.00 | \$60.00 |
| \$45,000-49,999 | \$135.00 | \$135.00 | \$112.00 | \$90.00 |
| \$50,000-54,999 | \$150.00 | \$150.00 | \$128.00 | \$120.00 |
| \$55,000-64,999 | \$150.00 | \$150.00 | \$150.00 | \$120.00 |
| \$65,000-74,999 | \$150.00 | \$150.00 | \$150.00 | \$135.00 |
| \$75,000 and over | \$150.00 | \$150.00 | \$150.00 | \$150.00 |

Diagnostic/Assessment Session: \$225.00 (1.5 hours)

NOTE: Specific Fees for psychological evaluations, specialized assessments or testing will be billed on an individual basis. Insurance and co-payments are not to exceed fee schedule or contracted rates. Scholarships or fee adjustments for extenuating circumstances are available upon request once a sliding fee rate has been determined based on income verification. No one will be denied initial services.

Diocesan, Parish and School Fee Schedule

Full Rate: \$75 per hour

| Adjusted Gross Household Income | Spiritual Direction | Referred Re-marriage Counseling | School/Parish Group Process or Presentations |
|---------------------------------|---------------------|---------------------------------|--|
| Under \$13,000 | \$5.00 | \$5.00 | NA |
| \$13,000-\$29,999 | \$20.00 | \$20.00 | NA |
| \$30,000-\$49,999 | \$38.00 | \$38.00 | NA |
| \$50,000-\$74,999 | Full rate \$50.00 | \$50.00 | NA |
| \$75,000 and over | | \$75.00 | \$75 |

NOTE: Preparation time and costs for related services are negotiable. All immediate crisis and disaster response services are available at no initial cost. Catholic Charities provides all of these services through the substantial support of the Diocesan Ministries Appeal of the Diocese of New Ulm.