



Mental Health & Getting Therapy

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. The good news about mental illness is that recovery is possible.

Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

Therapy is interpersonal treatment for problems in living. It involves talking with a trained professional about conditions ranging from depression and anxiety to relationship conflicts and career frustrations. Therapy provides ways to express feelings, understand patterns of thinking, gain perspective on past events and current relationships, set goals, and clarify dreams for the future.

Therapy can both alleviate pain and suffering and add meaning and richness to life. Therapists employ a range of techniques and methods, some suited to particular mental health issues and some that can be applied to clients dealing with a variety of issues. All therapists seek to increase their clients' mental health and to act as a confidential and careful listener.

We all deserve to be happy & feel capable in life



From Psychology Today at:
http://therapists.psychologytoday.com/rms/content/therapy_whatifs.html
http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm
http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm



Treatment Planning & Emergencies

Your treatment plan begins with you and your therapist discussing your needs and goals using a Psychosocial Assessment

This simply means that your counselor will meet with you and ask you several questions to assess your current situation and needs. Some questions will regard your physical and mental health, substance abuse, family and social life, strengths, developmental history and risk assessment.

After this assessment you and your therapist will decide on what course of treatment will work best for you. This may include any one or a combination of the following:

Individual Therapy

Meeting with a therapist one-on-one to help you address your needs.

Family Therapy

Focusing on family relationships these sessions involve other family members.

Couples Therapy

Focusing on you and your partner to help resolve conflicts.

Play Therapy

Using play to help a child overcome current distresses or behavioral difficulties.

Individual Assignments

Asking you to read, to complete written assignments, or to try new behaviors.

Should you have an emergency, you should **call 911**, go to your nearest emergency room or call the mobile crisis unit at **515.283.4811**.

If you are experiencing a true emergency, contacting your therapist will only delay your getting the help you need. After you have reached someone to help you and the situation is stable, you should then alert your therapist that you are having a psychological emergency or call the office to make an appointment for as soon as possible at **515.724.8920**.



MOSAIC
Family C.
COUNSELING CENTER



Committed & Responsive

in service to all Families, Children and Individuals

INITIAL INTAKE INFORMATION

Please Review Carefully



5005 Douglas Avenue, Suite 101

Des Moines, Iowa 50310

Phone: 515.724.8920 • Fax: 888.771.3225

www.mosaicfamilyinc.com

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Your Privacy Rights

Your health record contains personal information about you and our health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the NASW and ACA Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you a copy of the revised Notice of Privacy Practices by posting a copy, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For payment: We may use & disclose PHI so that we can receive payment for the treatment services provided. This will only be done with your authorization. Examples of payment-related activities are making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization. Required by Law: Under the law, we must make

disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. This may include when Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board or the health department). Required by Court Order Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. Verbal Permission: We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission. With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked. **YOUR RIGHTS REGARDING YOUR PHI** You have the following rights regarding PHI To exercise any of these rights, please submit your request in writing to our Privacy Officer. Right of Access to Inspect and Copy: You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. This right will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. Right to Amend: If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. Right to an Accounting of Disclosures: You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period. Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment or health care operations. We are not required to agree to your request. Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Right to a Copy of this Notice: You have the right to a copy of this notice.



COMPLAINTS: If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at MOSAIC FAMILY Counseling Center Inc., 515.724.8920 or with the Secretary of Health and Human Services at 200 Independence Avenue S.W., Washington D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.



Treatment Rights & Responsibilities

As a Client I have the right to:

- Receive considerate and respectful treatment without discrimination because of race, religion, gender identity, ethnicity, age, disability, sexual orientation or cultural background.
- Participate in the development of my treatment plan.
- Confidentiality of treatment records and communications pertaining to your treatment. Your written consent for disclosure of information is obtained prior to any release.
- Decide not to receive therapeutic assistance from this agency. If you wish, you may be provided with the names of other qualified professionals in the area by therapy personnel.
- End services at any time, without any moral, legal or financial obligations other than those already incurred, unless ordered by the court.
- Appeal and receive due process concerning services provided by this agency. We will provide you with a copy of that procedure upon request view my own records.

As a client, you should know that there are times when personnel are required by law to reveal information obtained during therapy to other persons or agencies without your permission. Personnel are not required to inform you of such actions. The situations are as follows:

If you threaten serious, foreseeable, and imminent harm to yourself or to another person, your therapist is required by law to inform the intended victim and appropriate authorities.

If a court of law issues a legitimate subpoena, your therapist is required by law to provide information specifically described in the subpoena.

If you reveal information relative to child or dependent adult abuse or neglect, your therapist is required by law to report this to the appropriate authorities.

If you are in therapy as a result of a court order, your therapist is required to report progress to the court.

As a Client I have the responsibility to:

- Treat those giving care with dignity and respect.
- Give providers the information they need for you to obtain the best possible care.
- Ask questions about your care and to understand your care. You have the responsibility follow treatment plan agreed upon by you and the provider.
- Follow the agreed upon medication plan.
- Tell your provider and primary physician about medication changes, including medications given by all medical providers.
- Keep appointments, and call the provider as soon as you know you need to cancel.
- Make payment for appointments missed without notice.
- Let provider know when the treatment plan is not working for you.
- Let provider know about problems paying for fees.
- To report abuse and fraud.
- Openly report concern.

Should you have any questions regarding any item in this brochure, contact the program director at 515.724.8920.