

OUTPATIENT SERVICES CONSENT FORM

Services

During the first session(s), an evaluation will be conducted to assess your current difficulties, previous history, and reasons for seeking counseling at this time. By the end of the evaluation, we will be able to offer you treatment recommendations, which may include an initial treatment plan for our work together or referral information for a mental health provider who would be better able to meet your needs. During the evaluation, it is important for you to assess how comfortable you feel working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures or recommendations, we should discuss them whenever they arise. If you decide that you would rather not enter treatment with me, BHCS, LLC will be happy to provide you with referral information for other mental health professionals.

The usual practice is to conduct an evaluation that lasts from 1 to 3 sessions. During this time, we can both decide whether your provider is the best person to provide the services you need in order to meet your treatment objectives. If psychotherapy is initiated, schedule sessions are approximately per week at a mutually agreed upon time, although sometimes sessions may be more or less frequent. Together, we can make decisions about the frequency of sessions and length of psychotherapy.

Confidentiality

In general, the confidentiality of all communications between a patient and a therapist is protected by law. Your provider can only release information about our work to others with your written permission. However, there are some exceptions. First, there are some situations in which we would be legally required to take action that might necessitate revealing information about a patient's treatment. For example, if your provider believes that a child, an elderly person, or a disabled person is being abused, we may be required to file a report with the appropriate state agency. If we believe that a patient is threatening serious bodily harm to another person, we may be required to take protective actions, which may require notifying the potential victim, notifying the police, or arranging for hospitalization. If a patient threatens to harm him/herself, we may be required to seek hospitalization for the patient or to contact family members or others who can help provide protection. Another situation that might be an exception to confidentiality would involve judicial proceedings. In most judicial proceedings, you would have the right to prevent the release of information about your treatment. However, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it. Should such a situation occur, we would make every effort to fully discuss it with you before taking any action.

Confidentiality Regarding Minors

If you are under 18 years of age, please be aware that the law may allow your parents access to your treatment records. It is my policy to discuss the limits of confidentiality with a patient who is a minor and his/her parents at the beginning of treatment and to determine the extent to which information about treatment will be shared with parents.

Contacting BHCS, LLC

Messages can be left with your provider at (860) 673-0145. We make every effort to return phone calls promptly, and get back to you within 1 business day at the latest. If you are calling with a clinical emergency and are unable to reach me immediately, please call 911, or go to the nearest emergency room. If I am unavailable for an extended time, we will provide you with the name of a trusted colleague who you can contact if necessary.

Billing and Payments

If your healthcare insurance is paying for your treatment with me, your co-payment is expected at each visit. If it is determined that you were not actively covered by your health insurance at the time services were delivered, you will be responsible for all fees.

You may also elect to self-pay for services not covered under your health benefit plan or for services that do not meet medical necessity criteria. You may also elect to self-pay if you do not have health insurance. Payment for each session is expected at the time of service.

Please provide me with 24 hours notice if you need to cancel an appointment, however if you do not you will be financially responsible for the missed session. Please note that insurance companies will not cover the costs for missed appointments.

If you use in-network benefit through your health insurance or if you use an out-of-network benefit with your insurance carrier, I will need to release information about your treatment to the insurance company. Your signature on this form authorizes me to release information required by insurance plans to process claims.

There is a fee of \$25 for returned checks.

LIMITS TO CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of

abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Finally, please do not hesitate to ask questions as you read this consent form. Once you sign this document, it will serve as our contract for outpatient psychological services.

I have read this document and agree to its terms.

Signature of Patient:

Date:

Signature of Therapist:

Date:

Signature of minor's Legal Guardian:

Date: