



Outpatient Services Contract and Consent to Treat/Payment Agreement

Welcome to New Directions CS, PLLC! We are glad to have you here! This document has important information about our professional services and business policies. Please read it carefully and note any questions you might have. When you sign this document, it will represent an agreement between us.

Confidentiality In general, the privacy of all communications between a client and a clinician is protected by law and can only be released to others with your written permission. However, there are a few exceptions:

- ❖ Therapy records and therapists can be subpoenaed to court.
- ❖ The law states that anyone who suspects that a child, elderly person or disabled person has been abused must report to the Dept. of Social Services even if that involves disclosing treatment information.
- ❖ If we are so concerned about the potential on your part to do serious harm to yourself or someone else we must by law take protective action. These actions may include notifying the potential victim, contacting law enforcement, family members/guardians, or seeking hospitalization.

Your clinician may find it helpful to consult other professionals about a case. During those consultations or supervision sessions we make every effort to maintain confidentiality. Consultants or supervisors in these situations are also professionals and are legally bound to confidentiality. At times we may have interns or post graduate individuals that we teach or assist in becoming licensed professionals. These individuals may have access to your records as we teach them about treatment. Insurance companies routinely audit records and yours may have access to your record in order to substantiate payment or verify our standards of treatment.

Informed Consent/Client Rights You have certain rights and should be made aware of them. Included in your intake packet is your "Informed Consent and Client Rights" information. This sheet is for you to keep and if you have questions regarding your treatment, rights or our complaint process, please feel free to ask. ***Please initial and date that you have been informed and received your Informed Consent/Rights and Confidentiality information:***

******Client or Guardian's Initials and date:*** _____

Appointments and Cancellations Please be respectful and if you must cancel or reschedule an appointment provide 24 hours notice in order to make the time available to someone else. We will try our best to do this for your consideration and ask that you do it for ours. A pattern of missed appointments will lead to additional charges to you which your insurance will not cover and eventually result in an end to treatment. Other services including report writing, telephone conversations longer than 10 minutes, attendance at meetings with other professionals, court appearances/involvement, etc. can be charged at our hourly rate.

Billing and Payments You will be expected to pay for each session at the time it is held, unless we agree otherwise in advance or unless you have insurance coverage which requires other arrangement. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve, but not be limited to, hiring a collection agency or going through small claims court. If that were necessary you will be responsible for all costs of litigation including attorney's fees. In most collection situations the only information released would be the client's name and address, nature of services provided and the amount due. You may be charged for appointments you do not cancel with 24 hours notice.

******Client or Guardian's Initials and date:*** _____

Insurance Reimbursement Most health insurance policies provide some coverage for mental health or behavioral health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. If we are contracted or privileged with your insurance company we will file for you, otherwise we will assist you with claims. However, you (not your insurance company), are responsible for full payment of our fees. It is

very important that you find out exactly what mental health services your insurance policy covers. If you need assistance in this we will be happy to help. Insurance benefits can be complex and it is sometimes difficult to determine exactly how

Name: _____ DOB: _____ Record #: _____

MID/NCHC#: _____

much mental health coverage is available. Your signature at the bottom is your permission for us to file your insurance and make inquiry on your behalf.

You should also be aware that most insurance companies require you to authorize us to provide them with confidential information such as clinical diagnosis, treatment plans or summaries or copies of records. This information becomes part of the insurance company files and will be stored in a computer. All insurance companies claim to keep such information confidential, however we have no control over what they do with it once it is in their hands. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

Authorization to Treat By signing this document you consent for evaluation and/or treatment at New Directions CS, PLLC. This gives permission for the provider to administer treatment deemed necessary or advisable in the diagnosis and treatment of your condition. Should the provider determine that you do not need further treatment or evaluation, or that you will not benefit from the services available, those services will be terminated or a referral made to another agency. You may also withdraw from services at any time. You can expect to be informed of the benefits and risks of, and alternatives to planned services.

Authorization for Emergency Treatment In case of emergency, you authorize New Directions CS, PLLC staff to seek emergency medical care from emergency personnel, emergency room or hospital if you are unable to do so for yourself or anyone you are guardian or responsible for.

Contacting Us We are open 8:30am-5:30pm Monday-Friday in most offices and otherwise by appointment. However, we may not always be available by telephone. When we are not available you may leave a message with the support staff or answering machine at the correct number below. We will return your call as soon as possible. After hours in case of emergencies you can contact the emergency clinician on call via the pager information on the answering machine at the number below and follow the instructions given. Your provider may not be on call, but in a genuine emergency any experienced clinician will be able to assist you. If you are unable to reach us or feel that you can not wait for a call to be returned, contact the nearest emergency room or dial 911.

Medical Records The laws and standards of our profession require that we keep treatment records. You are entitled to have a copy of your records or one can be prepared for you at a fee. Because these are professional medical records, they can be difficult to read, easy to misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in the clinician's presence so that we can interpret and assist you with the contents. Depending on the situation there may be a charge for this time. If someone requests a copy of your records (another health provider, court, attorney, etc.), it is common practice for us to send them directly to that party rather than to send them through you and we will be happy to do that upon your request. There may be a charge for this service.

Minors If you are under eighteen years of age, please be aware that the law may provide your parents or guardians the right to examine your treatment records. It is our policy to provide your parents or guardians access to information about your treatment. However, we also ask parents/guardians to trust us and allow us to keep your confidences on specific information and we would provide them with general information about your treatment sessions. There are also some state and federal laws which may provide you, as a minor, certain confidentiality rights separate from your parents. If you or your parents have questions about these rights or information please ask us about them and we will go over the information prior to it causing any problems in treatment.

I HAVE READ AND UNDERSTOOD THE ABOVE POLICIES. I WILL ASK ANY QUESTIONS I HAVE CONCERNING MY TREATMENT OR ANY INFORMATION HERE AND I AGREE TO THE ABOVE CONTRACT.

X

Signature of Client or Legal Guardian Date

New Directions Witness Date

Name: _____ DOB: _____ Record #: _____

MID/NCHC#: _____