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***INFORMED CONSENT***

**MENTAL HEALTH ASSESSMENT AND TREATMENT**

All new clients will receive a mental health assessment to determine the best course of treatment for their presenting problem. The assessment includes a diagnostic interview and possibly questionnaires. The diagnosis from this assessment will become part of the medical record and the insurance record. If you choose to use your insurance benefit and wish to file for third party reimbursement, please refer to the Client Information Sheet and the Provider Notice of Information Practices for the limits of confidentiality. The principal diagnosis and treatment plan for your presenting problem may or may not be a covered benefit in your benefit plan. If your plan will not cover the services that you wish, or if you elect not to use your insurance benefit to ensure total confidentiality, The provider or providers office staff will discuss private pay options as needed.

**EMERGENCY PROCEDURES**

**If you have a life-threatening emergency, call 911 and/or seek assistance at the closest emergency medical facility. If you are experiencing suicidal thoughts, contact the National Suicide Prevention Lifeline at 1-800-273-8255.**

**PAYMENT POLICIES**

1. Payment in full is expected at the time services are provided unless alternative arrangements are agreed to in advance, in writing, or the client is a member of an EAP, HAS, HMO, PPO or other managed care organization. If you are a member of such an organization, you will be responsible for obtaining and providing an authorization number prior to receiving services. If proper initial authorization is not obtained prior to treatment, you will be responsible for the full cost of services rendered. In addition, Connection Counseling Services, PLLC. has a legal and contractual obligation to collect your co-payment at the time professional services are rendered. The Client is responsible for any service fees that are not covered by your insurance provider.
2. If you wish to revoke authorization for Connection Counseling Services, PLLC. to release your private healthcare information to your insurance carrier you must do so in writing.
3. Connection Counseling Services will charge a fee for missed appointments and for those appointments canceled with less than 24-hour notice. If a client wishes to cancel an appointment, the client must contact the office by phone or text, during the hours of 8:00 AM to 5:00 PM Monday through Friday to avoid being charged a missed appointment fee. The fee for missed appointments is $100.00. This fee is due immediately upon notification to the client and must be paid prior to the next scheduled appointment. Note these fees for missed appointments are not reimbursable by insurance companies.
4. There is a $75.00 charge for returned checks.
5. If financial obligations are not met, client account information will be turned over to a collection agency and appropriate legal authorities. The information provided will include responsible party’s name and social security number, client’s name, address, telephone number and amount due.
6. You are responsible for informing Connection Counseling Services, PLLC. of any other health insurance, you may possess in addition to your primary insurance carrier. Failure to do so may result in you being liable for payment of services rendered if your insurance company fails to pay due to inadequate coordination of benefits.
7. My signature on this page means that I have read, and I understand the information presented above as well as the Client Information Form, and that I have the legal right to make such agreements. I am agreeing to the mental health assessment and all mental health treatment received and discussed with me by my clinician. I also state that I have read and understand the Client Information Form and Informed Consent.

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Signature of Client or Parent/Legal Guardian

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Client’s Name (Printed) and SS# Date