ARCHWOOD
Counseling Services, LLC

Treatment Consent Form

Please read each section and initial your consent in the box to the right.

Date: _____

Initial in Box

Financial Terms: If you are paying for services directly, then the hourly fee for the service is $95 for a 50 minute session. Introduction/assessment session service fee is $150 for a 90 minute session. Phone consultations 15 minutes or longer are billed at $23.75 per 15 minute increment. If you are using your health insurance, then upon verification of health plan/insurance coverage and policy limits, Archwood Counseling Services, LLC, will bill your insurance carrier for you and will be paid directly by your carrier. You (parent/guardian) will be responsible for any applicable deductibles and co-payments. If you are not eligible at the time services are rendered, then you are responsible for payment. Co-payments are expected to be paid at the start of sessions. If you are without health insurance coverage, payment arrangements should be made prior to your first appointment. Archwood Counseling Services, LLC records indicate that your benefit has a co-pay of $_____.

Cancellations/Missed Appointments: A scheduled appointment means that time is reserved only for you. If an appointment is missed/cancelled with less than 24 hours notice, then you will be billed $70. Multiple cancellations will result in termination from treatment. Your commitment to keeping appointments and active participation in the treatment process are vital.

Appeals and Grievances: You have the right to request reconsideration in the case that outpatient care (number of visits) is not authorized. This is called an appeal. You can request and appeal through Archwood Counseling Services, LLC. You risk nothing in excercising this right. You have the right to submit a complaint directly to Archwood Counseling Services, LLC at anytime you have a complaint about any aspect of your care. If you are not satisfied with the response you receive, then you may submit the complaint to your Health Plan directly.

Emergencies: If you are in imminent danger, then call 911 or your nearest police department or emergency room. Your therapist at Archwood Counseling Services, LLC is available 24 hours a day by voicemail in the event of an emotional crisis by calling the office number at 803.873.8332. Please leave a name, number and brief message about the nature of your crisis. In the event of a planned absence, Archwood Counseling Services, LLC will notify you of a backup professional for emergency contact. Most insurance carriers also provide 24 hour, 365 day a year telephonic emergency service.

Treatment Philosophy: During the initial evaluation period, you and your therapist will clarify together the nature of the problems for which you are seeking treatment, define some reasonable treatment goals and then develop a treatment plan that will help you achieve your goals. You are expected to be compliant with the agreed upon treatment plan between sessions, to keep your appointments and to abstain from all mood altering substances (illegal or legal) that are not specifically prescribed for your current use. Research has shown that brief, time-limited therapy, focusing on specific goals, results in a more rapid reduction of symptoms and improvement in patient functioning. The treatment plan may include attending support groups, reading selected materials, completing specific written or verbal assignments and completing a physical examination with your physician. You will participate in the ongoing review of your progress, and together with your therapist, update the treatment plan as appropriate. Services will terminate when goals of the service plan have been fulfilled, if progress is not being realized or at any time you decide to do so. If treatment ends before the goals have been fulfilled, then Archwood Counseling Services, LLC will do everything possible to refer you to an alternate source of care.

Confidentiality: All information between your therapist at Archwood Counseling Services, LLC and the client is held in the strictest confidence unless:

- You communicate intent to do harm to yourself (such as suicide)
- You communicate intent to do harm to others
- Child abuse or elder abuse is suspected
- In these situations, the law requires the potential victims and legal authorities to be informed so that protective measures can be taken.

Also, your confidentiality is waived if:

- Due to a judge's court order
- You authorize a release of information with your signature (or parent/guardian)
- Communication with your health insurer
- You apply for workers' compensation.

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Confidentiality continued from page 1.
Lastly, confidentiality is limited when:

- There is verbal, written or electronic communication between you and your therapist outside the therapy office.
- Consulting other health and mental health professionals about a case. Every effort will be made to avoid revealing your identity. Please note the other professionals are also legally bound to keep the information confidential.

Confidentiality for Couples and Families Only: Please intitial a statement that is true for your situation.

A. "We each wish to sign our own release of information and, if we are legal adults, each reserve the right to withhold permission to release part or all the information sought that is specifically about us as individuals."

B. "We grant one party, (name) _____, the right to consent to the release of confidential information about us as a family."

Consent for Treatment: "I further authorize and request that Archwood Counseling Services, LLC and/or our therapist carry out psychosocial examinations, treatments, and/or diagnostic procedures which now or during the course of my care as client are advisable. I understand that the purpose of these procedures will be explained to me upon my request and are subject to my agreement. I also understand that while the course of my treatment is designed to be helpful, it may at times be difficult and uncomfortable. Some or all of my difficulties may not be remedied by the treatment."

Release of Information to the Health Plan: "I acknowledge the release of information for claims, certification/case management/quality improvement, and other purposes related to the benefits of my health plan and I have received a copy of Confidentiality of Personal Health Information."

I understand and agree to the above, (additional signatures for family members can be added to the back of this form):

Client/Guardian Signature: Date:

Client Signature: Date:

Please read this section and keep for your records.

Confidentiality of Personal and Health Information (PHI)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Archwood Counseling Services, LLC is committed to protecting the personal and health information (PHI) of its clients. When you complete an application for health coverage with an insurance carrier, your signature authorizes your health plan to collect personal information that includes both your medical information and individually identifiable information about you such as your social security number, date of birth, address, telephone number, etc. As a member of your health plan, this general consent allows your insurance carrier to communicate with their authorized providers about treatment and payment decisions.

Disclosure of PHI is permitted by law for protection of personal safety and to the extent necessary to administer your benefit. Most health insurance carriers participate in quality measurement activities that may require them to access your PHI, and have policies to protect this information from inappropriate disclosure. Written authorization from you is required to use your PHI for any other purpose than that authorized by law. Check with your insurance carrier regarding their specific policies for

- Release of PHI other than that required by law
- Patient's unable to give consent for release of PHI
- Release of your PHI to employers other than that required by law
- Your right to inspect your medical records maintained after April 4, 2003
- Your right to request an accounting of disclosures of PHI for purposes other than that required by law.

Archwood Counseling Services, LLC will not disclose, sell or otherwise use your PHI unless permitted by law for your personal safety and to the extent necessary to administer your health care benefits. Archwood Counseling Services, LLC will obtain written authorization from you to use your PHI for any other purpose than that indicated above. To exercise any of your rights regarding PHI you may contact Archwood Counseling Services, LLC and/or your insurance carrier. If at any time you have a complaint regarding how your PHI was used or disclosed, you may contact Archwood Counseling Services, LLC and/or your insurance carrier and file a grievance, which will be investigated and outcome reported in writing to the member and the health plan.