

CONSENT TO TREATMENT

Welcome to Intuition Wellness Center, PLLC. This document contains important information about our professional services and policies and will represent an agreement between you and Intuition Wellness Center, PLLC. The term "client" represents children, adolescents, adults, couples, or families who are the identified patient receiving services at Intuition Wellness Center. "You" refers to "client" or if the client is a minor, may also refer to a guardian.

CLINICAL SERVICES

Psychotherapy, occupational therapy, and psychological testing can have benefits and risks. Since all can involve working on difficult aspects of one's life, clients may experience uncomfortable feelings. On the other hand, clinical services have been shown to have benefits for many people. Therapies and testing results often lead to positive outcomes, including solutions to specific problems and reductions in distress. There are no guarantees that you, or your child, will experience these benefits and/or risks. Therapies and testing call for a very active effort on the client's part. You have the right to participate in treatment decisions and in the development, periodic review and revision of a treatment plan. You also have the right to refuse any recommended actions or withdraw informed consent to treatment. Clinical Team Members will advise of the consequences of such refusal or withdrawal.

PROFESSIONAL FEES _____ (initial)

Intuition Wellness Center, PLLC hourly fees vary by service. Clinical Team Members will review the fee schedule with you during your initial appointment. The fee schedule is also available online at intuitionwellness.com or you

can request one. Other services include report writing, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, testing feedback sessions, and the time spent performing any other service agreed upon. If clients become involved in legal proceedings that require your clinician's participation, you will be expected to pay even if your clinical team member is called to testify by another party.

It is important to note that health insurance companies do not cover costs for tardiness or missed appointments. As a result, Intuition Wellness Center will directly bill you a prorated hourly rate for tardies based on full fee. Appointments cancelled without 24-hour notice will also be charged the full fee unless cancellation was due to circumstances beyond your control. When possible, your clinician will reschedule the cancelled appointment.

BILLING AND PAYMENTS _____ (initial)

All clients are responsible for payment at the time the appointment is held, unless an alternative arrangement is agreed upon in advance or insurance coverage requires another arrangement. In circumstances of unusual financial hardship, you should discuss a fee adjustment or payment installment plan with your Clinical Team Member.

If your account has not been paid for more than two sessions and arrangements for payment have not been agreed upon, Intuition Wellness Center, PLLC may suspend services until a financial arrangement is agreed upon.

INSURANCE REIMBURSEMENT _____ (initial)

Health insurance policies usually provide some coverage for testing and treatment. However, please note that insurance companies do not cover services for certain diagnoses or wellness checks and, as a result, clients will be responsible for service fees in those circumstances. It is very important that you find out exactly what services your insurance policy covers before proceeding.

CONTACTING YOUR CLINICIAN

Many Clinical Team Members at Intuition Wellness Center, PLLC are engaged in the world around them in a variety of capacities. Thus, most do not maintain 9a.m. - 5p.m. office hours and, when in the office, may be attending to other clients or clinical matters. Your Clinical Team Member may often not be immediately available by telephone. When your Clinical Team Member is unavailable, a confidential voicemail option is available. Your Clinical Team Member will make every effort to return your call promptly. If you feel that you cannot wait for a return call, contact your family physician or the nearest emergency room and ask for the psychologist on call. If you have a true clinical emergency, call 9-1-1 or go immediately to your nearest emergency room. Also, if your Clinical Team Member will be unavailable for an extended period of time, he or she will provide you with the name and phone number of a supervisor or colleague who may be contacted in their absence if necessary.

PROFESSIONAL RECORDS

The laws and standards of the profession require that Intuition Wellness Center, PLLC keep treatment records. You are entitled to receive a copy of your records or your Clinical Team Member can prepare a summary for you. Because these are professional records, they can be misinterpreted and/ or upsetting to untrained readers. If you wish to see your records, it is recommended that you review them with your Clinical Team Member so that he

or she can explain the contents and answer any questions. Requests for records must first be provided in writing. Records will be provided within a 30-day period from the time that the written request was submitted. Records can be provided electronically at no charge or in hardcopy format for a fee of ten dollars.

MINORS _____ (initial)

Parents/guardians are responsible for their children, including when left unattended. A parent/guardian must be readily available in case of emergency during their child's appointment.

If you are a client under eighteen years of age, please be aware that the law may provide your guardian/parent(s) the right to examine or receive a copy of your records. You should discuss with your Clinical Team Member so as to determine together how to best handle such disclosures.

CONFIDENTIALITY

The privacy of communications between a client and a clinician is protected by law. Generally, Intuition Wellness Center, PLLC can only release information about services to others with the client's written permission. But there are a few exceptions:

- In most legal proceedings, clients have the right to prevent Intuition Wellness Center, PLLC from providing information about their treatment. In some proceedings a judge may order a provider's testimony if it is determined that the issues demand it.
- There are some situations in which Clinical Team Members at Intuition Wellness Center, PLLC may be legally obligated to reveal client information to protect others from harm. For example, if a Clinical Team Member believes that a child, elderly person, or disabled person is being abused or neglected, he or she must file a report with the appropriate state agency.

- If a client is threatening serious bodily harm to themselves or another, clinicians are required by law to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, the Clinical Team Member may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

- Additionally, many insurance companies require participating providers to disclose a client's participation in treatment to their primary care physician unless a client has determined in writing that they do not want this disclosure to occur. You are encouraged to have a discussion with your Clinical Team Member about this topic.

- Clinical Team Members at Intuition Wellness Center, PLLC may seek professional consultation to improve quality of care. Our team of clinicians meets regularly to staff cases to ensure the highest quality of services. All Clinical Team Members receive regular consultation or supervision with a licensed professional and they may find it helpful to

discuss particular details. If your assigned Clinical Team Member is in training, he or she will notify you and provide you with his or her supervisor's contact information. If you have concerns about disclosures to your Clinical Team Member's supervisor, you are encouraged to discuss these with your Clinical Team Member.

Check here if you **do not** want your Clinical Team Member to inform your primary care physician of your participation in treatment at this time.

Check here if you are an insurance client and you **do not** want Intuition Wellness Center, PLLC to bill services to your health insurance company and want to be billed directly.

PARENT/GUARDIAN SIGNATURE BELOW ACKNOWLEDGES THAT YOU:

- have read the information in this document and agree to abide by its terms;
- understand the limits of confidentiality;
- have read the Privacy Practices Notice;
- have reviewed and received a copy of the Services & Programs Fee Schedule; and,
- understand that consent is voluntary; you may revoke your consent in writing at any time.

I UNDERSTAND THAT MY TYPED NAME BELOW REPRESENTS MY ELECTRONIC SIGNATURE.

Client Name Date of Birth

Client/Guardian Name Signature of Client /Guardian Date

Guardian Name Signature of Guardian Date