

CONSENT TO TREATMENT In-Person & Telehealth Services

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. The term "client" represents children, adolescents, adults, couples, or families who are the identified patient receiving services at Intuition Wellness. "You" refers to "client" or if the client is a minor, may also refer to a guardian.

CLINICAL SERVICES _____ (initial)

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, there are 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. Clinical Team Members will advise of the consequences of such refusal or withdrawal.

MINIMIZING EXPOSURE _____ (initial)

Intuition Wellness is a medical facility and committed to community wellbeing. To minimize exposure to health risks during in-

office appointments, you understand and agree that you will:

- only attend in-person appointments if you are not exhibiting symptoms of contagious conditions; and,
- notify your Clinical Team Member prior to the appointment if you have contracted a contagious illness or have been exposed to a person diagnosed or with symptoms of a contagious illness.

Note: Intuition Wellness may change the current precautions depending upon published local, state and federal health orders or guidelines.

TELEHEALTH SERVICES _____ (initial)

Intuition Wellness offers telehealth services as an option for your convenience when feasible and deemed clinically appropriate by your Clinical Team Member. Telehealth services can remove travel and scheduling barriers. In addition, telehealth can be an occasional safe alternative to in-person services should you or your provider experience symptoms of a contagious condition. Telehealth communication used by Intuition Wellness is encrypted as required by law.

TELEHEALTH RISKS _____ (initial)

I understand there are potential risks with this technology:

- a. The video connection may not work or may stop working during the session.
- b. The video picture or information transmitted may not be clear enough to be useful for the session.

- c. Privacy cannot be guaranteed when the client is not using telehealth in a private location.
- d. Despite best efforts to ensure high encryption and secure technology, there is always a risk that the transmission may be breached and accessed by unauthorized persons.
- e. You may be required to go to the location of the consulting provider if it is felt that the information obtained via telehealth was not sufficient.
- f. Insurance may not cover sessions provided via telehealth.

PROFESSIONAL FEES _____ (initial)

Intuition Wellness hourly fees vary by Clinical Team Member depending upon degree and licensure status. The fee schedule is 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 Clinical Team Member's participation, you may be expected to pay even if your clinical team member is called to testify by another party.

You will be provided a Good Faith Estimate of Fees as required by federal law. It is important to note that health insurance companies do not cover costs for tardiness or missed appointments.

Intuition Wellness will directly bill you a prorated hourly rate for tardies based on the full fee. Appointments canceled without 24-hour notice will also be charged the full fee unless cancellation was due to circumstances beyond your control.

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, please alert 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 may suspend services until a financial arrangement is agreed upon.

INSURANCE REIMBURSEMENT _____ (initial)

Health insurance policies often provide some coverage for treatment. However, please note that insurance companies do not cover services for certain diagnoses or provider types 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, including telehealth services.

Clients who self pay for clinical services may be able to receive some reimbursement from their health insurance company by directly submitting a superbill to them, which Intuition Wellness can provide you upon request. Some providers are unable to offer superbills dependent upon degree and licensure level.

CONTACTING YOUR CLINICAL TEAM MEMBER _____ (initial)

Many Clinical Team Members at Intuition Wellness are engaged in the world around them in a variety of capacities. Thus, most do not maintain 9 a.m. - 5 p.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. 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. 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, they can provide you with the name and phone number of a supervisor or colleague who may be contacted in their absence.

PROFESSIONAL RECORDS _____ (initial)

The laws and standards of the profession require that Intuition Wellness 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 they 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 \$10.00.

MINORS _____ (initial)

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.

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.

CONFIDENTIALITY _____ (initial)

The privacy of communications between a client and a clinician is protected by law whether via in-person or telehealth appointment. Generally, Intuition Wellness 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 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 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, they must file a report with the appropriate state agency.
- If a client is threatening serious bodily harm to themselves or another, providers are required by law to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking a formal safety evaluation of the client. Clinical Team Members may be obligated 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.. The Intuition Wellness Clinical Team meets regularly for clinical staffings to ensure the highest quality of services. All Clinical Team Members also receive regular individual 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, they will notify you and provide you with supervisor contact information. If you have concerns about disclosures, you are encouraged to discuss these with your Clinical Team Member.

YOUR 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 content is voluntary; you may revoke your consent in writing at any time.

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 to bill services to your health insurance company and want to be billed directly.

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

Client Name

Date of Birth

Client/Guardian Name

Signature of Client /Guardian

Today's Date

Guardian Name

Signature of Guardian

Today's Date