



Consent and Service Agreement

Welcome to your first session at New Path Mental Health & Wellness! Please review this form carefully, and feel free to ask us any questions.

About our Services:

It's our goal to offer a positive, empowering, and life-enriching experience for our clients. The potential benefits of counseling are many and include improved functioning, relationships, self-image, mood, and the attainment of personal goals. However, in some cases persons have reported feeling worse after counseling. Clients understand that healing and growth is difficult, and some discomfort will likely be a part of the counseling process.

Initials: _____

Confidentiality:

Your confidentiality and privacy are extremely important to us. New Path Mental Health & Wellness is considered a "covered entity" under HIPAA, meaning that we comply with HIPAA privacy rules. Our full notice of privacy practices was provided to you in your email confirmation and can also be found on our website at www.newpathlittlerock.com. All communications and records with your counselor are held in strict confidence. Information may be released, in accordance with state law, when (1) the client signs a written consent to release; (2) the client expresses serious intent to harm self or someone else; (3) there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult; (4) for billing purposes; or (5) a subpoena or court order is received. In compliance with ethical codes, including section 2.2 of the AAMFT Code of Ethics, when providing couple, family, or group treatment, your counselor will not disclose information outside the treatment context without a written authorization from each individual competent to execute a release. The client agrees to this policy regardless of who is paying for services, and regardless of who is listed as the 'identified patient' for 3rdparty payments.

Initials: _____

Electronic Communication & Online Counseling:

Telephone, email, and videoconference are not encrypted methods of communication, and some confidentiality risk exists with their use. Our team communicates using these mediums. Occasionally, your counselor, or someone from our team, may follow up with you by telephone

or email for scheduling, billing, quality assurance, or other reasons. If you would prefer not to be contacted by email, simply inform your counselor and your preferences will be respected. If you and your counselor are participating in distance counseling sessions the counselor will abide by the laws and ethical codes of his/her state of licensure. While a growing base of research has shown that distance counseling services—through various electronic means—can be effective, such services are relatively new in comparison to traditional (in-person) counseling, which has a much longer track record of positive outcomes. Distance counseling may not be appropriate for some clients and for the treatment of some mental health issues.

Initials: _____

Social Media:

Our counselors do not accept friend requests or follow current/ former clients on any social media sites such as Facebook, LinkedIn, Twitter, or Pinterest. Friending/following clients compromises confidentiality and treatment boundaries. We are concerned with your privacy.

Initials: _____

Scheduling and Cancellations:

Appointments can be cancelled/rescheduled as long as 24-hour notice is provided. If less than the required notice is given, the client agrees to pay a fee of \$99 (insurance will not pay for missed appointments). Please note that we enforce this policy. A credit card will be held on file and charged in the event that you miss your appointment without giving 24-hour notice.

Initials: _____

Conflicts:

We work hard to ensure that you have a positive experience. If you have a negative experience, please tell us and we will try and make it right. If a conflict occurs, it is agreed that any disputes shall be negotiated directly between the parties. If these negotiations are not satisfactory, then the parties agree to mediate any differences. Litigation shall be considered only if these methods are given a good faith effort.

Initials: _____

Emergency Contacts:

Your counselor will establish emergency contacts for you, such as a family member, a mobile phone, or work phone number. These contacts may be used if your counselor perceives a need. If you are in crisis and cannot reach your counselor, please go to your nearest emergency room.

Initials: _____

Co-pays / Co-insurance:

Payment, including insurance co-pays and co-insurance, is due at the time of service. A credit card will be held on file for this purpose.

Initials: _____

Non-Payment:

All clients are solely responsible for nonpayment by insurance companies. Client gives the practice permission to charge their credit/debit card on file for any outstanding fees. Clients understand they are fully responsible for all fees if insurance or other vendor does not pay for any reason. We accept your insurance as a courtesy, but you are liable for any non-payment by your insurance company. Please read your policy carefully and be sure to ask them questions to avoid confusion.

Initials: _____

****Be advised that special circumstances requiring a court appearance or any additional paperwork for legal matters including disability claims could require coordination for assessments, psychological testing, and even court preparation to enable success. Failure to disclose these things will likely result in less-than-ideal outcomes. Please inform your counselor if any of these situations pertain to you.**

****We require at least 10 sessions prior to assisting a client in any legal matters. We need that time to understand and properly diagnose conditions as well as conduct basic therapy.**

I consent to a comprehensive initial assessment which will result in an individualized treatment plan.

I consent to treatment and understand that I have the right to refuse and/or halt treatment at any time.

I have been provided a Notice of Privacy Practices, Patient Bill of Rights, and also I have read and fully understand and agree to honor this agreement.

Client(s) Signature: _____ Date: _____