



## INFORMED CONSENT FOR TREATMENT

*Foundation for Healing, LLC is obligated to render you full disclosure regarding our services so that you may make an informed choice regarding whether or not to enter into a therapeutic relationship with one of our providers. Prior to giving consent, please be sure any and all questions you may have regarding our services have been answered by one of our staff. By signing this document, you acknowledge that you have thoroughly read, carefully considered, understand, and willingly agree to participate in counseling services with Foundation for Healing, LLC.*

### **The Counseling Relationship:**

We understand that entering into a counseling relationship is not to be taken lightly. As such, we will do our best to assist you in achieving the greatest chance of success while under our care. During your initial session, we will discuss a variety of topics such as: Your reasons for seeking therapy, bio-psych-social history, benefits and risks of treatment, need for referrals, and co-create a realistic treatment goals for our time together. Should be determine that your therapy needs may be better serviced elsewhere, you will be provided with a referral or directed back to your insurance carrier for assistance in finding the right fit for you.

Your treatment plan is considered a living breathing document that is to be adjusted and/or updated often to reflect progress in treatment as well as the establishment of new goals. While we are in the behavioral health field to assist others in personal growth; resolution/acceptance of trauma, life transitions, mental health conditions, etc., we will not keep you engaged in services when it has become apparent that you have achieved your stated goals or reached our projected maximum benefit from services. This may result in just a handful of sessions or extend over a considerable length of time. We will make recommendations along the way but will also not work harder at your recovery than you do. You are in the driver's seat and are excited to be on this journey with you!

A variety of therapeutic approaches may be utilized throughout the course or your treatment from a Person-Centered Trauma-Informed lens to include but not limited to: Solution-Focused, Cognitive Behavioral, Rational Emotive Behavioral Therapy, Motivational Interviewing, Imago Theory, Stages of Change, Action-Oriented, and Equine Facilitated Psychotherapy and Learning. Regardless of the theoretical framework, your therapist will meet you where you are on any given day and respond to what's presented.

It is understood that all forms of behavioral health treatment are utilized without expressed warranty or guarantee of improvement and/or "cure".

### **Risks and Benefits of Treatment:**

You have the right to the following information as part of your treatment:

- Explanation of treatment options and methodologies
- Potential outcomes both positive and negative
- Expected length of treatment
- Alternatives including risks for not engaging in therapeutic service within and without Foundation for Healing, LLC
- Receiving appropriate referrals during and/or instead of treatment with Foundation for Healing, LLC

#### **Right to Refusal:**

- You have the right to give/refuse consent for any proposed therapeutic treatment at any time prior to engagement
- You have the right to seek services from another therapist
- You may discontinue treatment at any time and for any reason. (Written notification is requested so that your billing may be completed, and referrals provided.)
- Your provider also has the right to discontinue your treatment but will provide you with a 14-day written notice whenever possible to allow for closure of the therapeutic relationship and coordination of care to another treatment provider when appropriate.

#### **Consent for Minors:**

If you are a minor seeking services, both you (ages 16-17) and one of your legal guardians must be in agreement and sign this consent. If your parent/legal guardian is divorced or separated, he/she must provide evidence of authority to consent to mental health services (*e.g.*, a Court Order and/or Custody Agreement). Legal guardians as defined above have the right to review their minor child's treatment documents upon written request, according to the HIPPA Privacy Rights Document, and at the discretion of the therapist weighing the benefits and/or potential harm to Client

#### **Sessions and Fees:**

Your sessions will typically occur once per week for 50-90 minutes depending upon the type of services you are receiving (Individual, couple, group, or clinical supervision services). Your fees will be determined according to your insurance plan or private pay agreement (Please refer to [www.foundationforhealing.com](http://www.foundationforhealing.com) website for up-to-date fee schedules).

You will be expected to provide credit/debit card authorization prior to your first appointment unless otherwise determined by provider for a \$50 security deposit, co-pays, private pay, and late cancellation/no show fees. Please discuss any concerns you may have about the security deposit and to see if you may qualify to be excluded from this requirement. You will typically be billed on the day of service and a receipt will be emailed through the secure client portal for your records. If are a private pay client with Out-of-Network coverage, please be sure to let us know so that we can provide you with a superbill to submit to your insurance carrier. If you are having difficulties paying for your sessions or need to make special payment arrangements, please do not hesitate to contact *Foundation for Healing, LLC CEO Deborah M. Johansen* at [deborahj@foundationforhealing.com](mailto:deborahj@foundationforhealing.com) or call (480) 608-5250 as soon as possible so that we can spare you from any potential late fees or bank overdrafts. We've all been there and times are tough. Don't be afraid to reach out!

#### **Insurance Coverage:**

We are currently in-network with several regular Arizona United Healthcare, United Healthcare (AHCCCS) Medicaid, and Optum insurance plans and are continually working on credentialing to be in-network with other insurers. It is your responsibility to provide Foundation for Healing, LLC with your Insurance ID and Group Number, benefits, co-pays, deductibles, number and type (i.e., EAP or regular) of sessions allowed per calendar year, authorization number if applicable, and any other information relevant to your coverages so that we may process your claims quickly and accurately.

Please provide any updates to these coverages if/when they may occur. If you are paying through Out-of-Network coverages or as a private pay client, providing your correct insurance information is still extremely important. Should we become an in-network behavioral health provider with your insurer while you are participating in services with us, this information will assist us in billing your insurance company for services rendered and hopefully save your money.

***\*You understand that, by using your insurance, you authorize us to release such information to your insurance company for the purposes of covering your services which may include a preliminary diagnosis. We make every effort to limit your Protected Health Information (PHI) to necessity only.\****

**Consultation and Supervision:**

Foundation for Healing, LLC provides Clinical Supervision for Master’s Level Interns and Associate Level Graduates seeking Independent Licensure in a counseling related field of practice. As such, you may be assigned a therapist, case manager, PEER Support Specialist/Recovery Coach, or group facilitator who is under the direct clinical supervision of the Clinical Director or other Licensed Clinical Supervisor at Foundation for Healing, LLC. If so, you will be provided a separate informed consent for treatment with the Provider’s name, information, Clinical Supervisor’s name and contact information, etc. You are not obligated to receive services from one of these individuals and have the right to request counseling with an independently licensed therapist when appropriate and available. (PEER Support Specialists/Mentors provide specific individualized services only to qualified Medicaid clients).

Clinical Supervisors regularly discuss cases, review documentation, provide crisis assistance for direction, support, and correction in real-time with their clinical staff. This may include auditing (“sitting in on”) a session in person, or electronically. If it is one of your sessions, you will be informed in advance and asked for your permission prior to participating. Be aware that this clinical supervision is imperative to helping inexperienced therapists learn how to be well-versed in their field and provide you with the best possible care.

There may be times when your independently licensed therapist will also seek consultation and direction from peers or other skilled professionals in the field to better meet your needs. Your therapist will utilize professional ethics and responsibility to maintain your confidentiality.

**Use of Electronic Communications and Risks:**

Foundation for healing utilizes various forms of electronic communications, including but not limited to email, SMS, Text, Patient Portal, and Voicemail, Video, and or recording devices, for the purposes of your care and treatment and comes with the following risks with the electronic transmission of PHI to include but are not limited to:

- It may be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- The information may mistakenly be sent to a wrong or outdated email address, voicemail, or SMS number.
- The information can potentially be intercepted, altered, forwarded, or used without expressed authorization or detection by your or Foundation for Healing, LLC.
- While Foundation for Healing ,LLC only utilizes HIPPA Compliant communication sources, I understand there is not an absolute guarantee that my PHI information or confidentiality will not be breached through your network or some other third party.

**As such:** I will not hold Foundation for Healing, LLC liable for any mishandling or disclosure of confidential information outside of potential improper conduct by a current employee, and I further acknowledge and agree:

- Electronic Communication sources should never be used in emergency situations unless no other means of communication are available to the client or staff and all other options have been exhausted. Under this circumstance, Foundation for Healing, LLC will not be held responsible for any missed communication that occurred due to a lack of physical, visual, or auditory client contact.
- E-Communication methods may be utilized in the handling or your diagnosis, treatment, billing, to determine eligibility or other relevant purposes
- You acknowledge your understanding that E-Communications poses risks to maintaining other sensitive data regarding such things as protected health conditions (HIV/AIDS, Hep C, TB, etc.), Substance Use Treatment, Mental Health, or Developmental Disability.
- You take appropriate responsibility when engaging in E-Communication with Foundation for Healing, LLC By:
  - Avoiding the use of public computers or networks
  - Immediately inform Foundation for Healing, LLC of any and all changes to your electronic communication sources such as new cell phone numbers, email addresses, and SMS accounts.
  - Ensure your E-Communication is addressed to the proper sender
  - State your name in the Body of the communication
  - Never put PHI in the Subject of the communication
  - Acknowledge that even with encryption software, security risks still exist with E-communication between your provider and you.
  - You agree and not hold Foundation for Healing, LLC liable for breaches to your E-Communications caused by your or another third party.

### **Limits of Confidentiality**

Participation in and information shared by you or about you during the therapeutic relationship is legally considered confidential with the following exceptions in which we are mandated to report to the proper authorities or disclose particular confidential information:

- When legally required to testify in court proceedings as per a subpoena.

### **Duty to Warn:**

- We are required to inform law enforcement and/or any intended victims of a specific, viable threat of harm made by you or someone else
- We will engage in emergency/crisis assistance if you present a clear and immediate danger to yourself as reported by you or someone who has suspected evidence that you have a plan, intent, and/or means to harm or kill yourself
- We are legally obligated to report knowledge of harm or suspected harm to:
  - Anyone under the age 18
  - Known or reported Prenatal Exposure through admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.
  - A vulnerable adult according to AZ statutes
  
- We will report suspected animal abuse of any kind whether domestic or wild

By placing my signature, I acknowledge that I have read, understand, and agree to the above-stated Informed Consent for Treatment and Limitations of Confidentiality. I understand that I will be provided a Release of Information to disclose my confidential information under any other circumstance **Not** stated under the Limits of Confidentiality.

Printed Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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