COMMUNITY HEALTH SYSTEMS, INC.

Informed Consent for Counseling Services

COUNSELOR-CLIENT SERVICE AGREEMENT

Welcome to Community Health Systems, Inc. (CHSI). First, we would like to acknowledge the courage you have demonstrated in making it into our office. As you may realize, counseling is a difficult choice for many individuals to make for many reasons. Hopefully, by working together you and your counselor can make this experience a positive one.

This document contains important information about the services and business policies at CHSI**.** Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future**.**

BEHAVIORAL HEALTH SERVICES

Counseling has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of counseling often requires discussing the unpleasant aspects of your life. However, counseling has been shown to have benefits for individuals who undertake it. Counseling often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, improved overall health and resolutions to specific problems. But, there are no guarantees about what will happen. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on topics we discuss outside of sessions.

APPOINTMENTS

Appointments will occur ordinarily, once per week at an agreed upon time. Sessions may be scheduled with more or less frequency as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide us with a 24 hours' notice. If you miss a session without canceling, or cancel within less than a 24 hour notice, the clinic policy is to try to find another time to reschedule the appointment if possible. If it is not possible, you may have to forfeit your session for that week. Additionally, you are responsible for coming to your session on time; however, if you arrive late, your appointment may have a limited amount of time.

PROFESSIONAL FEES

Community Health Systems, Inc. (CHSI) is committed to providing services to all persons in need of medical attention regardless of their ability to pay. The SFS program is applicable to all CHSI approved services within its approved Federal 330 grant scope. Patients covered by the SFS program receive the same quality of health care that is given to all patients. A nominal fee will apply to all eligible cost center visits. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by cash or debit card.

INSURANCE

In order for realistic treatment goals and priorities to be set, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, CHSI will assist you to the fullest extent possible in filing claims, and obtaining information about your coverage. However, you are responsible for knowing your coverage, and for letting us know if/when your coverage changes.

It may be necessary to seek approval for more counseling after a certain number of sessions. While a lot can be accomplished in short-term counseling, some patients feel that they need additional services after insurance benefits end. Some managed-care plans may not approve services beyond your initial benefits. If this is the case, your managed-care plan and/or CHSI provider will provide referral options to continue your counseling.

You should also be aware that most insurance companies require you to authorize your counselor to provide them with a clinical diagnosis, treatment plans or summaries, or copies of the entire record (in rare cases). We will provide you with a copy of any report submitted, upon your request. By signing this Agreement, you agree that we can provide requested information to your carrier if you plan to pay with insurance.

Some policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by debit, credit card, or cash (we take most payers).

PROFESSIONAL RECORDS

Your counselor is required to keep appropriate records of the therapeutic services that they provide. These records are maintained on a computer server in a secure location at our corporate office. These records include a session or progress note noting that you were here, your reasons for seeking counseling, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records received from other providers (with your knowledge and written permission), copies of records sent to others (by your written permission only), and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, clinic policy recommends that you initially review them with your counselor, or have them forwarded to another mental health professional to discuss the contents. If your request for access to your records is refused, you have a right to have that decision reviewed by another mental health professional.

You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

The policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and discussed any of those issues with your counselor. Please remember that you may reopen this conversation at any time during your work with your counselor.

PARENTS & MINORS

Privacy in counseling is crucial to successful progress, parental involvement can also be essential. I (your counselor) will request an agreement between the client and the parents allowing me (the counselor) to share general information about treatment progress and attendance, as well as a treatment summary upon completion of counseling. Before giving any information, the counselor will most likely discuss the matter with the minor and do their best to handle any objections they may have about what is prepared to be discussed.

CONTACTING YOUR COUNSELOR

Your counselor is often not immediately available by telephone. They do not answer their phone when with other patients or otherwise unavailable. At these times, you may leave a message with the front desk or on their confidential voice mail and they will return your call as soon as possible, but it may take up to a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from them or if they are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe - Contact Community Mental Health Services for your County, go to your Local Hospital Emergency Room, or call 911 and ask to speak to the mental health worker on call.

Your counselor will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering their practice.

OTHER RIGHTS

If you are dissatisfied with your counseling sessions, we hope that you will talk to your counselor so we can respond to your concerns. Your input will be taken seriously and handled with care and respect. You may also request that your counselor refer you to another counselor and you are free to end counseling at any time. You have the right to safe and respectful care without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of

counseling and about your counselor's specific training and experience. You have the right to expect a professional and confidential level of care.

NOTICE TO CONSUMER

The Board of Behavioral Sciences receives and responds to complaints regarding services within the scope of practice of Licensed Clinical Social Workers and Psychiatric Nurse Practitioners.

You may contact the board online at www.bbs.ca.gov , or by calling (916) 574-7830.

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CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

_____ _____

Signature of Patient or Personal Representative Date

_____

Printed Name of Patient or Personal Representative

Description of Personal Representative's Authority: _____

County Mental Health Numbers:

Riverside Mental Health	San Bernardino Behavioral Health	San Diego Behavioral Health
Emergency Treatment Services (ETS) 951-358-4881	**West Valley Region** Phone: (909)-458-1517 **East Valley Region** Phone: (909)-421-9233 **High Desert Region** Phone: (760)-956-2345	**Access and Crisis Line** 1-888-724-7240