

Delivered2Choices

4330 Auburn Blvd

Sacramento, CA 95841

Tel 916-399-3047

Fax: 888-406-4257

SmithtownUSA.rs@gmail.com

www.Delivered2Choices.com



INFORMED CONSENT-SUD Counselor/Client Service Agreement

Welcome to Delivered2Choices. This document contains important information Ron Smith, CADC-II, ICADC, SAP professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. 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.

SUD THERAPY/COUNSELING SERVICES

SUD therapy/counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in the SUD counseling process, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your SUD counselor, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

SUD therapy/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 therapy often requires discussing the unpleasant aspects of your life. However, therapy has been shown to have benefits for individuals who undertake it. Therapy 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 and resolutions to specific problems. But, there are no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will want to put into practice things we discuss outside of sessions.

The first 2-3 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another SUD professional for a second opinion.

PROFESSIONAL FEES

The standard fee for a 50-minute individual session is \$125.00 and the standard fee for a 90 minute couples session is \$175.00

You are responsible for paying the full amount at the time of your session, unless prior arrangements have been made. Payment must be made by cash, or credit card. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

APPOINTMENTS

Appointments will ordinarily be 45-60 minutes in duration, once per week at a time we agree on, although some sessions may be more, or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. **If you need to cancel or reschedule a session, I ask that you provide me with 24-hours notice. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect the full session fee of \$125.00/individual or \$175.00/couples. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for 100% of the full rate.** If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end at the scheduled time. Finally, I have the right to terminate treatment after 2 missed appointments or habitual tardiness. Thank you for understanding.

To schedule, cancel or change an appointment you may call, text or email me. You can expect a response before the end of the business day.

INSURANCE

I am not a participating provider for any insurance plan. If you would like, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the SUD therapy/counseling services that I provide. Your records are maintained in a secured, encrypted, HIPAA compliant web-based system. I keep brief records noting that you were here, your reasons for seeking SUD therapy/counseling, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, 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, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. 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

My 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 we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

PARENTS, MINORS, YOUNG ADULTS

While privacy in SUD therapy/counseling is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to children or adolescents 17 years of age and under. For young adults 18-25, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of SUD therapy/counseling. All other communication will require the young adult's agreement, unless I feel there is a safety concern (see also above section on

Confidentiality for exceptions), in which case I will make every effort to notify the young adult of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible; you may also text or email me. I will only discuss matters of scheduling via text and/or email, for confidentiality purposes. All other matters must be discussed either on the phone or in-person. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact the Sacramento crisis line at 916-231-4525. 2) go to your Local Hospital Emergency Room, or 3) call 911. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the SUD professional covering my practice.

TERMINATION OF SUD THERAPY/COUNSELING

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your SUD therapist/counselor. Your counselor will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue SUD therapy/counseling at any time. If you or your counselor determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another SUD therapist/counselor and are free to end therapy at any time. You have the right to considerate, 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 therapy and about my specific training and experience.

Delivered2Choices
4330 Auburn Blvd
Sacramento, CA 95841
Tel 916-399-3047
Fax: 888-406-4257
SmithtownUSA.rs@gmail.com
www.Delivered2Choices.com



INFORMED CONSENT-SUD Counselor/Client Service Agreement

HOW WOULD YOU LIKE FOR ME TO CONTACT YOU? Please initial.

_____ Telephone only **without** permission to leave voice message.

_____ Telephone only **with** permission to leave voice message.

_____ Telephone and Text **with** permission to leave information regarding scheduling on text.

_____ Telephone, Text and Email **with** permission to write information regarding scheduling.

CONSENT TO SUD THERAPY/COUNSELING

Your signature below indicates that you have read this Informed Consent- Counselor/Client Agreement and agree to its terms. Your signature below also indicates that you accept full financial responsibility for payments of services rendered, in the unforeseen events that your insurance (if using out-of-network benefits) denies your claims.

Signature of Client: _____ Date: _____

Parent or Legal Guardian: _____ Date: _____