**LIFELINE PCS**

**\_\_\_\_@CHANDLER \_\_\_\_@SCOTTSDALE**

**IMPORTANT INFORMATION AND CLIENT CONSENT: Please read and sign at the end stating you have fully read and understand the information below.**

**Professionals Include** PhD and Masters level independently licensed counselors/psychotherapists; Masters Bachelors, and Associate level associate and technician licensed counselors; Para-professionals and coaches with certification in designated areas.

**CLIENT/THERAPIST/EDUCATOR RELATIONSHIP**: You and your Therapist or educator have a professional relationship existing exclusively for therapeutic treatment or educational growth. This relationship functions most effectively when it remains strictly professional and involves only the professional aspect. Your Therapist or educator can best serve your needs by focusing solely on the professional goals and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of service for service.

**AVAILABLE SERVICES:** Lifeline PCS (Chandler/Scottsdale)offers a wide array of counseling services, including individual, family, couples, and group services. We are staffed by skilled and experienced licensed professional counselors. Effective psychotherapy is founded on mutual understanding and good rapport between client and therapist. It is our intent to convey the policies and procedures used in our practice, and we will be pleased to discuss any questions or concerns you may have. In addition we offer anger management, domestic violence, parenting, and many other educational services conducted by certified professionals

**RISKS AND BENEFITS**: Counseling, directed education, and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During sessions, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of your sessions can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. We cannot guarantee these benefits, of course. It is our desire, however, to work with you to attain your personal goals for counseling, directed education, and/or psychotherapy.

**COUNSELING, COACHING, & DIRECTED EDUCATION**: We provide services designed to address many of the issues our clients are dealing with. Your first visit will be an assessment session in which you and your therapist or educator will determine your concerns, and if both agree that Lifeline PCS (Chandler/Scottsdale) can meet your needs, develop a plan of treatment. Should you choose not to follow the plan of treatment provided to you by your Therapist/Coach/Educator, services to you may be terminated.

The goal of Lifeline PCS (Chandler/Scottsdale)is to provide the most effective professional experience available to you. If at any time you feel that you and your current therapist/coach/educator are not a good fit, please discuss this matter with her or him to determine if transferring to a more suitable professional is right for you. If you and your provider decide that other services would be more appropriate, we will assist you in finding a provider to meet your needs.

Wellness is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieving health. Through the ongoing integration of our physical, emotional, mental, and spiritual self, each person has the opportunity to create and preserve a whole and happy life. Our services are designed to provide our clients an integrated solution for their mind, body, spirit, and life to enhance their lives and resolve issues.

**APPOINTMENTS**: Individual appointments are typically scheduled on a weekly basis and are approximately 50-60 minutes long. Group sessions are typically scheduled on a weekly basis are can vary in length depending on the group. More frequent sessions or an intensive outpatient schedule are available if determined appropriate by your Therapist. If you must cancel or reschedule your appointment, we ask that you call our office at 480-203-8414 at least 24 hours in advance, whenever possible. This will free your appointment time for another client.

**PAYMENT/INSURANCE FILING:** Payment of fees, including any required co-pays, is expected at the time of each appointment. We request that payment be made before your session begins. If you are using insurance benefits, Lifeline PCS (Chandler/Scottsdale)will file insurance claims for you, and we will honor any contractual agreements with managed health care companies that have specific reimbursement restrictions and claim requirements. If we are filing out of network insurance we will require full payment at the time of service and any insurance payments will be given to you. If you are not using a Managed Care/PPO/HMO insurance plan and wish to file your own claim, we expect full payment at the time of service, and we will provide you with a receipt for services rendered.

**EMERGENCIES**: You may encounter a personal emergency which will require prompt attention. In this event, please contact our office regarding the nature and urgency of the circumstances. We will make every attempt to schedule you as soon as possible or to offer other options. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, we will make every effort to respond to your emergency in a timely manner. If your emergency arises after hours or on a weekend, please contact 911 or the Banner Behavioral Health crisis line. If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help. When your Therapist is out of town, you will be advised of who to contact in necessary.

**CONFIDENTIALITY:** Lifeline PCS (Chandler/Scottsdale)follows all ethical standards prescribed by state and federal law. We are required by practice guidelines and standards of care to keep records of your sessions. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

Discussions between your provider and a client are confidential. No information will be released without the client’s written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where the provider has a duty to disclose, or where, in the provider’s judgment, it is necessary to warn or disclose; fee disputes between the provider and the client; a negligence suit brought by the client against the provider; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of the provider when you and the provider discuss this matter further. By signing this Information and Consent Form, you are giving consent to the undersigned provider to share confidential information with all persons mandated by law and with the agency that referred you and the insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless the undersigned provider from any departure from your right of confidentiality that may result.

**DUTY TO WARN/DUTY TO PROTECT**: If my provider believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my provider to contact the any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my provider to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

Name Telephone Number

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**INCAPACITY OR DEATH**: I understand that, in the event of the death or incapacitation of the undersigned provider, it will be necessary to assign my case to another provider and for that provider to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, or certified anger management professional (when applicable) selected by the undersigned provider, to take possession of my records and provide me copies at my request, and/or to deliver those records to another provider of my choosing.

**CONSENT TO TREATMENT**: By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child if said child is the client), OR anger management educational services and I understand that I may stop such service or services at any time. NOTE: If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child’s mental health care and treatment, Alpha Omega Counseling & Consulting will not render services to your child until the provider has received and reviewed a copy of the most recent applicable court order.

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Signature – Client/Parent Date

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Signature – Spouse/Partner/Parent Date

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Therapist Date

**I hereby authorize the release of necessary medical information for insurance reimbursement purposes.**

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Client/Parent Date

**I authorize the payment of medical benefits to the provider of services.**

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Client/Parent Date

**Counselor Supervision:**

This is to notify you that your counselor works under direct supervision and clinical supervision by a Licensed Behavioral Health Professional. Your counselor’s Clinical Supervisor’s name is **Roxanne DalPos, PhD, LPC, NCC, MC. She can be reached at 602-480-203-8414; 2460 W. Ray Rd. #1 Chandler, AZ 85224.** Ms. DalPos is the Clinical Director of Lifeline PCS. Your counselor will be meeting with the clinical supervisor and discussing your case and records on a regular basis. If you have any questions or concerns regarding this process, feel free to contact Ms. DalPos at the above contact number.

Client Print Client Sign Date

Staff Witness Print Staff Witness Sign Date