



**Thank you for choosing
FOCUS Institute of Stillwater, LLC**

Appointment will last 45-50 min.

Thank you for paying your fee at the time of service.

**Mailing address:
920 S. Main
Stillwater, OK 74074**

Office: 405-377-6768

Fax: 405-377-0269

Email: Sabrina@focusofstillwater.com

For true emergencies, please call 911



Consent For Treatment

FOCUS Institute of Stillwater, LLC is dedicated to providing quality therapeutic services in effort to help families, couples, and individuals develop necessary skills that will increase their chances of personal growth and developing meaningful, satisfactory relationships.

Statement of Professional Disclosure

Therapists at FOCUS Institute of Stillwater, LLC are licensed as Marital and Family Therapist (LMFT), Professional Counselors (LPC), and/or Alcohol and Drug Counselors (LADC). If your clinician is "under supervision" or an intern, you will receive additional paperwork. You may access the laws and regulations which govern these licenses at the following websites:

LMFT, LPC: http://www.ok.gov/health/Protective_Health/Professional_Counselor_Licensing_Division/index.html.

LADC: <http://www.okdrugcounselors.org/>.

Right as a Client of FOCUS Institute of Stillwater, LLC

Please make sure you read and understand this and all forms.

Counseling services are voluntary. By signing this form you acknowledge you are consenting to receive services necessary for yourself, your child and/or family, including diagnosis and treatment. Your consent to receive services does not waive your legal rights as recognized under Oklahoma law. Our conversations and your records are confidential. Information regarding your records or services is not available to anyone unless:

- You give your written permission on a release of information form.
- A court orders me to disclose records.
- A legal guardian gives written permission to release the information of a minor child.
- In an emergency situation when your personal safety or the safety of others may be threatened (Duty to Warn).
- There is a suspicion or report of abuse or neglect of children, elderly or disabled persons.

You have a right to review all written reports about our work before they are sent/released.

It is further understood that your mental health insurance providers may request some records (e.g.) treatment plans or session notes in order to verify services and to assure the quality of services being provided. You will be informed when these circumstances occur. You have a right and responsibility to review these documents. Also be aware that peer consultation may occur between providers to assure services are appropriate and beneficial to you and/or your family.

You may request to have communication between therapist and your Primary Care Provider regarding evaluation and treatment information upon signing a release of information form. Upon request that your records be sent to another professional or agency, your wishes will be fulfilled with promptness upon receipt of your written request for information and provided there is no outstanding balance on your account.

Requested records may be protected under 42 C.F.R. Part 2, governing Alcohol and Drug Abuse patient records, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts. 160 & 164, State Confidentiality laws and regulations and cannot be released without your consent unless otherwise provided for by regulations. State and Federal law regulations prohibit any further disclosure of such records without your specific written consent or when otherwise permitted by such regulation.

Note: At least one parent or guardian must consent to the therapy of any minor children.

As a client of FOCUS Institute of Stillwater, LLC, you have the right to leave the premises at any time. You are not to be detained against your wishes unless you are a danger to yourself or others

You have the right to refuse any service which you do not want and to discontinue any services you have already started. However, if you choose to discontinue treatment against professional advice, a notation to that effect will be placed in your records. In the event of court-ordered clients, the terms of the court may supersede this right.



Services

FOCUS Institute of Stillwater, LLC provides family, couples, and individual therapeutic services.

Services do *not* include:

- Personality, ability, or vocational interest testing or evaluations.
- Custody evaluations
- Prescription of medications or treatment of problems for which medication or hospitalization may be the treatment of choice, such as major depression, suicidal intention, hallucinations, delusions, etc.

Emergency Services:

FOCUS Institute of Stillwater, LLC is not an emergency service. Therefore, in the event of an emergency, if you cannot reach your therapist, you are advised to contact another local community mental health center or crisis counseling center, dial 911, or go to the emergency room of the nearest hospital.

Counseling, Legal Issues, Court Reports and Testimony

As a counselor, I am frequently asked to provide counseling services to a child or family, whose parents or guardians are involved with legal disputes or challenges involving custody, visitation or other court related issues. The regulations and codes of ethics under which I practice my profession specifically describe how I legally may or may not conduct my services in matters involving legal decisions.

If I accept a child, adult or family as a client for counseling services, I cannot be used as an expert witness for any forensic purposes. As your counselor, I would only be able to serve as a "fact" witness in any legal report, deposition or testimony. I could only provide factual information about services you received, and only when the client and/or legal guardian gives her/his written permission to waive confidentiality. Waivers of privilege/ confidentiality must describe what specific information is to be released, to whom, for what purpose and for how long the release is valid. As a factual witness, I may not offer any conclusions, opinions or recommendations. I can report that I provided X number of sessions and other "facts".

I will charge a reasonable fee for report writing, telephone consultations with attorneys, depositions, and court appearance and testimony. I will provide clients with a fee schedule that details the amounts charged for these services.

****I have read the FOCUS Institute of Stillwater, LLC "Consent for Treatment" form and agree to the terms of consent. I understand and agree to the limits and conditions of therapy.****

Client Signature _____ Date _____

Client Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____

Witness _____ Date _____

Client Name _____ Client ID _____ **CONFIDENTIAL**



Fees

A. Standard fees for services

- a. Individual, Couple, and Family sessions (45-50 minutes per session).....\$95.00
- b. EAP Reduced Rate (45-50 minutes per session).....\$65.00
- c. Anger Management Group.....\$125.00 (\$250.00 for Individual)
- d. Life Skills Group.....\$125.00 (\$250.00 for Individual)
- e. Substance Abuse Group.....\$25.00 per class + \$25 material fee
- f. Court reports and/or court related work\$175.00/hr
- g. ADSAC Assessments.....\$160 or \$175**** depending on date of arrest
- h. 10 Hour ADSAC.....\$150.00
- i. 24 Hour ADSAC.....\$360.00
- j. Returned Checks.....\$35.00**

B. Special Services and Fees

- a. Occasionally important or emergency phone calls to your therapist are necessary. However, if calls exceed 10 minutes, you will be charged for your therapist's time, rounded off to the nearest 15-minute interval at a rate of \$20.00/15 minutes.
- b. Your appointment time is reserved for you. Therefore, it is requested that you notify your therapist 24 hours ahead of time if you need to cancel an appointment. If you fail to do so, your appointment will be considered a "missed appointment." A missed appointment will result in you being charged the agreed and applicable fee including the contracted fee with your insurance company. If you are an EAP client you will lose "1" free session.
- c. Additionally, if you arrive to your appointment impaired by drugs or alcohol (as determined by therapist), that session will be cancelled and rescheduled for a future date. This event will be treated as a missed appointment; therefore, you will be charged the agreed and applicable fee including the contracted fee with your insurance company.

C. Payment, insurance, & self-pay

- a. Prompt payment is expected on the date of your scheduled appointment prior to start of session. In certain instances, a payment plan can be arranged. If you need a payment plan, please speak to your therapist.
- b. Billing your insurance for coverage requires effort from both the therapist and client(s). Clients are responsible for their co-pay at the beginning of session and for bringing the necessary information about their insurance company and coverage. Your therapist will bill your insurance company for covered services. The client is responsible for any services provided that is not covered by your insurance. (Initial _____)
- c. Assignment of Benefits:** I authorize and request that insurance benefits, including Medicare, workers compensation, private insurance, and any other health plan and other amount payable on my behalf be paid directly to FOCUS INSTITUTE OF STILLWATER, LLC, for medical services.(initial _____)
- d. The agreed upon fee for counseling is \$ _____ per session (initial _____)
- e. As an EAP Client I have the right to _____ free sessions. (Initial _____)

D. Collections

- a. In cases where a failure to pay in a timely manner occurs, the services of a collection agency may be utilized. In the case where someone fails to make full payment, information regarding only the patient's identity and debt will be released to a collection agency. (initial _____)
- b. The losing party will also be responsible for attorney and other legal fees that may be incurred during the collection process. (initial _____)

My signature below signifies my understanding and acceptance of the above information.

Signature _____ Date _____

Signature _____ Date _____

Witness _____ Date _____

Client Name _____ Client ID _____ CONFIDENTIAL