

## **Consent For Treatment**

### **Statement of Professional Disclosure**

You may access the laws and regulations which govern said professionals at the following website:

**LMFT:** [http://www.ok.gov/health/Protective\\_Health/Professional\\_Counselor\\_Licensing\\_Division/index.html](http://www.ok.gov/health/Protective_Health/Professional_Counselor_Licensing_Division/index.html).

### **Rights as a Client**

*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 assessment, 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.
- The content is used for my defense in a legal proceeding

### **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.

As a client, 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.

### **Emergency Services**

Michelle McAllister, LLC is not an emergency service. Therefore, in the event of an emergency, you are advised to dial 911, or go to the emergency room of the nearest hospital. You may additionally wish to contact the Oklahoma County Crisis Line at 405-522-8100, Suicide Prevention Hotline at 1-800-SUICIDE (1-800-784-2433), Reachout National Hotline Crisis and Information Line at 1-800-522-9054.

### **Services Provided**

Michelle McAllister provides family, couple's, and individual therapeutic services within the scope of training and practice.

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

**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; that we have developed a counseling plan; what the goals and objectives of the plan are, and other "facts."

I will charge a fee for my time spent on court-related things. I will provide clients with a fee schedule that details the amounts charged for these services.

**Fees**

**A. Standard fees for services**

- a. CPT code: 90791; Initial Assessment and Evaluation (45-60 minutes).....\$120.00
- b. CPT code: 90837/90847/90834; Individual, Couple, and Family sessions (46-60 minutes per session).....\$120.00
- c. Appointment on a day other than Monday (CPT Code: 90837/90791) .....\$150.00
- d. Economic hardship discounted session: (CPT code: 90834/90847 will be used for 38-45 minute session)..... \$90.00
- e. PREPARE/ ENRICH
  - i. Scoring of Assessment Instrument.....\$35.00 (total for first session is \$100.00)
  - ii. Each session .....\$75.00
- f. Court reports and/or any court related work .....\$250.00/hr
- g. Returned Checks.....\$35.00
- h. Missed appointments: A.) Cancelled 24+hrs in advanced: no charge.  
 B.) "No show/No call": \$120.00 (or as allowed by insurance)  
 C.) Cancelled but less than 24 hours in advance: \$60.00 (or as allowed by insurance)

**B. Special Services and Fees**

- a. Occasionally important phone calls to your therapist are necessary. However, if calls exceed 15 minutes, you will be charged for your therapist's time, rounded off to the nearest 15-minute interval at a rate of \$25.00/15 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." Additionally, if you are late by 15 minutes or, then it will be considered a missed appointment and you will need to reschedule to be seen by your therapist. A missed appointment will result in you being charged the agreed and applicable fee including the contracted fee with your insurance company.

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.

If missed appointments becomes frequent, Therapist may give your time slot to another client. .... initial

**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 fee can be modified based on special needs, limited resources and family needs. If you need a fee modification, 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. If consented by you, 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. It is the Client's responsibility to understand their insurance benefits and coverage (including copay amount) before beginning therapy. Finding out after sessions have already been conducted that your insurance will not pay or will not pay as much as expected, means the Client is responsible for the session fee..... initial

- c. Communicating with Insurance Companies: I authorize a representative of MICHELLE MCALLISTER, LLC to contact my insurance company and release the necessary information to receive third party payment from my insurance company. \_\_\_\_\_ initial
- d. Many insurance companies will only pay for services when a behavioral health diagnosis exists. Therefore, if Client does not meet the requirements for a behavioral health diagnosis, insurance may not pay. In that case, Client will be responsible for session fees. Additionally, Client understands that this diagnosis will be made known to the insurance company and will be in the Client's file with the insurance company..... \_\_\_\_\_ initial
- e. Assignment of Benefits: I authorize and request that in-network insurance benefits, workers compensation, private insurance, and any other health plan and other amount payable on my behalf be paid directly to a representative of MICHELLE MCALLISTER, LLC, for medical services. (does not apply for Blue Cross). \_\_\_\_\_ initial

D. Collections

- a. If you accrue an outstanding balance, please speak with your therapist to determine a reasonable payment plan.
- b. In cases where a failure to pay in a timely manner occurs, the services of a collection agency may be utilized. Three attempts will be made to collect overdue charges. In the case where someone still fails to make full payment, information regarding only the patient's identity and debt will be released to a collection agency.
- c. The losing party will also be responsible for attorney and other legal fees that may be incurred during the collection process..... \_\_\_\_\_ initial

Client Signature, 18 years or older, \_\_\_\_\_ Date \_\_\_\_\_

Client Signature, 18 years or older, \_\_\_\_\_ Date \_\_\_\_\_

## For minor clients:

**Parent/Guardian consent for a minor to receive medical treatment  
(BOTH of the following statements must be true and checked):**

- I have legal right to sign for the consent of the undersigned minor.
- There is no legal document stating that another parent/guardian must co-sign for consent of the undersigned minor.

Full legal name of minor being signed for: \_\_\_\_\_

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

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

Minor Client Signature (optional) \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES**

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices. The notice states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgment, if you wish.

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**I acknowledge that I have received a copy of this office's Notice of Privacy Practices.**

\_\_\_\_\_  
Please print all client name(s) here

\_\_\_\_\_  
All Client Signature(s)

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient, but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation, it was not possible to obtain an acknowledgment.
- We weren't able to communicate with the patient.
- Other (please provide specific details)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Appointment Reminders and Online Appointment Scheduling

You can receive an appointment reminder to your email address, your cell phone (via a text message), or your home phone (via a computer generated voice message) the day before your scheduled appointments.

Your name(s): \_\_\_\_\_

Your email address(es): \_\_\_\_\_

Your cell phone number(s): \_\_\_\_\_

Where would you like to receive appointment reminders? (**check only one. Two clients can receive reminders but they have to be the same type of reminder**)

Via a text message on my cell phone (normal text message rates will apply)

Via an email message to the address listed above

Via an automated telephone message to my home phone (please list)

No Reminder. I'll remember my appointments on my own.  
(Missed appointment fees will still apply)

\_\_\_\_\_  
(initial)      Appointment information is considered to be "Protected Health Information" under HIPAA. By my signature, I am waiving my right to keep this information completely private, and requesting that it be handled as I have noted above.

\_\_\_\_\_  
(initial)      I understand that the reminder is as a courtesy, and if for some reason the reminder is not received, I am still responsible for remembering my appointment. I understand if I miss my appointment, a fee applies.

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Client Signature

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Date

## Privacy of client information regarding payment

Clients may pay by cash to ensure that no one has access to any of their information. However, clients may voluntarily pay with payment methods that require a third party to have access to some client information. For example, if a client chooses to pay by check, the bank would see the deposited check.

Michelle accepts cash, checks, credit card through the Square app, or payment through Cash App (which is part of Square). Square provides a Business Associates Agreement, which outlines all of its privacy policies. Clients may have access to the BAA whenever they wish. A copy of the BAA is in Michelle's office.

If clients choose to use the Cash App, they do not have to have any payment on them at the time of services; they just have to send money to Michelle's Cash App account. There are no fees taken by Cash App. Please download the Cash App and set up an account that is linked to your bank account (by providing your debit card number). Michelle will not have access to your debit card number or any bank account information.

Michelle's Cash App name is: \$McAllisterLMFT.

I understand my rights as related to payment options for services to Michelle McAllister, LLC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date