

Informed Consent for Services

I authorize and consent for Theresa M. Abec, PCC to provide behavioral mental health services for me. I consent to participate in the assessment of my need for specific treatment services. I agree to involvement in the development of my treatment plan and to discuss treatment options and to participate in specific treatment services and activities as arranged in the plan. I have the right to know of any third party payor requirement, restrictions, or covenants that could interfere with or influence service recommendations. I understand that I can receive a copy of my treatment plan if I wish.

I understand that I have the right to be informed about specific services and procedures, including information about risks, benefits, and alternatives to each service proposed for my treatment. My initial treatment plan and/or services have been explained to me by Theresa M. Abec. I understand that there is an expectation that I will benefit from these services but that is no guarantee that this will occur. I will periodically discuss my progress with treatment providers.

I understand that my participation includes appointments with behavioral health professionals and the maximum benefit can only occur with consistent attendance and my active involvement in the treatment process. I understand that in the event that I fail to keep appointments and remain out of contact for 30 days services may be discontinued or interrupted.

I understand that there will be charges for services that I receive. I agree to work with this private practice financial department to ensure appropriate billing. If I am to pay all or a portion of the fees, I understand that payment is expected at the time of service.

I understand that I have the right to confidentiality, which means that whatever I tell treatment providers will not be repeated by the provider to anyone else without my expressed permission (i.e. by written release). I understand that there are some exceptions to complete confidentiality. The most common ones are:

1. If a provider learns that someone is about to do harm to someone else, the provider will be obligated to protect the intended victim either by warning the victim and/or possibly by notifying the appropriate law enforcement authorities, based on current state laws.
2. If a provider learns that you intend to harm yourself, the provider may breach confidentiality to the extent necessary for your protection.
3. Providers are required by law to report any known or suspected cases of child, elder, or disabled person abuse to the appropriate state agency.
4. You will be considered a client for Theresa M. Abec. I provide services by way of a team approach. Ordinary services will be provided by a small number of individuals who are interdependent on other staff members. Others may be involved in roles such as scheduling, billing and consultation. If there is some special circumstance in which you have a prior relationship with any staff member on this team, please inform me so that we can protect that relationship and your privacy to the extent possible.
5. Insurance companies and other third party payors require information from your medical record (often including your diagnosis and services provided) in order to process claims. This is understood to include medical record audits by your insurance company, third party payors and if they find reason to question services performed, a comprehensive medical record review.
6. Electronic services (i.e. telephone, facetime, Skype) will be kept confidential to the best of my ability. There are legitimate risks and concerns with this type of counseling and I will do my best

to maintain confidentiality to the best of my ability (i.e. such as initial session being face to face, and password protection).

I understand that all the individuals participating in treatment are expected to conduct themselves in an appropriate and respectful manner, and to protect the confidentiality of fellow clients. I understand that any aggressive, violent, or threatening behavior or violation of confidentiality may be the basis for exclusion from all or some services.

I understand that this consent for services is effective for the duration of my treatment with Theresa M. Abec, unless expressly revoked.

My signature indicates that this consent has been explained to me in a language that I can understand.

Signature of client date

Signature of witness date