

Treatment Agreement

Client's Rights and Responsibilities: I have received a copy of my rights and responsibilities and understand its contents.

Notice of Privacy Practice: I have received a copy of the notice of privacy practice and understand the contents as well as the procedure to report a complaint, grievance or rights violations.

Your Right to Privacy: I understand that it is Mindful Connections Counseling policy not to release information about a client without a signed release of information. I have received a copy of the exceptions to this policy.

Mental Health Services: I give permission to Mindful Connections Counseling to evaluate, administer diagnostic assessment, develop a treatment plan with my participation and to refer to medication management if needed. I understand that the practice of medicine and psychotherapy is not an exact science and I acknowledge that no guarantees have been made to me as the result of assessment or treatment in this facility.

After Hours Emergency: If there is an after hours Emergency, I can refer to the list of resources given to me for crisis assistance.

Billing and Collection Policy: I understand and agree to Mindful Connections Counseling's billing and collection policy.

Telephone Confidentiality: In the event that Mindful Connections Counseling staff must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Unless you give us other instructions below, we will call your home and/or office and ask to speak to the client or guardian without identifying the name of the agency (to protect confidentiality). If necessary we will identify ourselves by using the mental health professional's name only. If we reach an answering machine or voice mail we will follow the same guidelines. If you'd like us to contact you by another procedure, please list where we may reach you by phone and how you would like us to identify ourselves.

Home _____ Identify as _____

Work _____ Identify as _____

Other _____ Identify as _____

I have read this handout and understand its contents.

Client Name-Please print

Client Signature

Parent or Guardian's Signature

Date