

Name of client: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_

### Our Services:

Integrated Treatment Solutions specializes in behavioral counseling and addictions treatment. ITS services include evaluation, individual consultation, counseling, group treatment and workshops. By the end of the initial meeting, we will provide you with some feedback in relationship to your presenting problem and as to whether we think ITS can be helpful to you and how we might begin to conceptualize a plan to address your needs. **You have the right to determine, at any time if I or Integrated Treatment Solutions is a fit for you and meet your goals** — If not, you will be provided with other names and phone numbers. This assessment may take two or three sessions to decide, and you are encouraged to ask questions you may have about your treatment at any time.

### Confidentiality:

We are bound by legal and professional ethical standards that ensure and protect your privacy and I will do so in every way possible. Your written consent is required to disclose any information pertaining to you and your treatment. There are specific circumstances where ITS would be required, by law, to disclose information, for example, if there was an expressed intent to act on suicidal or homicidal thoughts.

### Legal:

We are aware that clients seek counseling for a variety of reasons. If the reason is motivated by legal concerns, please note that Integrated Treatment Solutions does not involve itself in legal cases or disability determination, unless otherwise agreed upon in advance. Misrepresented motivators for services are subject to termination of services. Integrated Treatment Solutions reserves the right to decline involvement in such situations.

Are you pursuing services in response to legal concerns? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If so, Integrated Treatment Solutions will only agree to providing services in writing and within an identified scope and not beyond.

### Payment Policy:

Payment is due at the time of service. If the service you are receiving is a standard behavioral health service, some insurance companies will reimburse at the out of network rate, but this is dependent upon your individual policy. You should consult your insurance company to determine if this is true. ITS will issue a receipt upon request which will have all information necessary for you to submit to your insurance company. Consultation and treatment services are provided at the office. Phone appointments may be scheduled, but must be planned and agreed to in advance. On the occasions when an extended phone consultation/session is necessary, the client will be billed (in 15 minute increments) at the standard hourly rate.

The standard fees for services are provided in the Fee Structure and Agreement to Pay for Professional Services form, and are due at the time of service at the beginning of your appointment. Please refer to the financial form for further explanations concerning our credit card policy and collection procedure. **Please initial here** \_\_\_\_\_.

### Cancellations:

There is a 48 hour cancellation policy. Cancellations must be received and confirmed by Integrated Treatment Solutions by email or phone during working hours, Monday- Friday, in order to prevent charges for the scheduled session. If we do not hear from you prior to the 48 hour period, you will be charged in full for the missed session. We understand that emergencies do arise and this policy may be waived under such circumstances. Cancellations for Monday appointments must be cancelled by noon the preceding Friday. **Please initial here** \_\_\_\_\_.

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**Emergencies:**

We check our office voicemail daily and will return your call as soon as your message is retrieved. However, if a psychiatric crisis or other emergency arises (especially on a weekend) and you cannot reach us in a timely fashion, please contact your nearest county crisis center. Our organization is not structured in such a way as to provide 24 hour emergency services. When leaving a message, please leave your phone number twice.

**EMAIL:**

Integrated Treatment Solutions does use EMAIL. EMAIL is used for accommodating communications concerning appointments and other business oriented transactions. You may also opt to receive your statement by EMAIL. Note that a diagnostic code is included in your statement.

**Please initial here if you would like to receive your statement via EMAIL \_\_\_\_\_ . Also provide the email address to which you would like your statement sent \_\_\_\_\_.**

Integrated Treatment Solutions may also use EMAIL for homework assignments and resource information. If you would like to be able to receive such information, **please initial here \_\_\_\_\_.**

Integrated Treatment Solutions also uses EMAIL for electronic appointment reminders though its' electronic charting system. The electronic reminder will be sent one day before your appointment.

**Please initial here if you would like to receive a reminder \_\_\_\_\_.**

**Please note the email address which you would like to receive the reminder \_\_\_\_\_.**

Electronic reminders are a courtesy to our clients, however, like most technology, is subject to error due to issues beyond our control. We ask you to please make note of your appointments as Integrated Treatment Solutions missed appointment / late cancellation policy continues to apply.

As technology can be a useful tool in our work together, please note that Integrated Treatment Solutions cannot be held responsible for third party access to contact with you due to caller ID logs on LAN lines or cell phones or access to your Email in your environment.

**Organizational Structure:**

Integrated Treatment Solutions is a Limited Liability Company (LLC). This allows for the most flexibility in referring and consulting with any other adjunctive health services without regard to group contracts and referral agreements.

I have read and accept the above information.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Printed name Date