

Aspenwood Counseling and Behavior Center, Inc.
Client Information Packet

Health – Medical Information

Primary Physician: _____ Phone number: _____

Date of Last Visit: _____

Current health issues: _____

Prescriptions you are taking	For What	Dose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Over the counter medications or supplements

_____	_____	_____
_____	_____	_____

Have you ever attempted suicide? Yes ___ No ___

Have you ever been sexually abused? Yes ___ No ___

Have there been any pregnancies that have not gone full term? Yes ___ No ___

Have you ever been hospitalized? Yes ___ No ___

Describe what brings you in today: _____

How long has this been a problem? _____

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Client Rights Form

As a client receiving services through Aspenwood Counseling and Behavior Center, Inc., you have several rights to make sure the best possible care is obtained. Teamwork is important. Aspenwood wants to work with you and others to create the best possible program to benefit you and your family. Our office is open Monday-Friday by appointment. Our crisis line **208-312-9178** can be reached 24 hours a day 7 days a week.

Clients have the right to:

- **Give permission and consent:** Before you receive any services, you have the right to agree or disagree with recommended activities. You may also refuse some activities without risking delivery of others. Participation at Aspenwood Counseling and Behavior Center, Inc., is voluntary.
- **Examine Records:** You have the right to look at your personal records and to request a copy of those records.
- **Privacy and Confidentiality:** You are a very important member of the team. You are the expert; your participation and implementation are critical. You also have the right to bring a friend or advocate to any session.
- **Timely Evaluation:** When you are referred to Aspenwood Counseling and Behavior Center, Inc., and gives permission, you will be evaluated to decide eligibility for services. If eligible, a Treatment Plan will be developed within 30 days to outline the goals agreed upon.
- **Be Kept Informed:** Written notice may be provided to you and your family before services start or changes occur in the Treatment Plan. If your family's common way of communicating is other than English, you have the right to be given the information the best way you can understand.
- **Rights:** You and your parent/guardian have a right to receive a copy of the Treatment Plan every time a change occurs. You have the right to terminate services from Aspenwood Counseling and Behavior Center, Inc., at any time.
- **Disagree and Solve Problems:** You and your family have the right to resolve concerns about services being received. For help, contact your Service Coordinator, your Mental Health Clinician at the Regional Mental Health Office.

Signed by:

Client	Date
Parent/Guardian	Date

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Confidentiality Notice

Confidentiality is a necessary part of the Counseling process and is a standard policy of the company. The law and recent court action dictate that there are some possible exceptions to the confidentiality rule. We would like you to be informed of them and understand when and why information cannot be confidential.

The exceptions are:

1. If you or a family member has committed a recent crime or are aware of a crime that has not been reported to the law, it must be reported the therapist, if it is a type that would be considered a felony.
2. State law requires that we report all incidents of child abuse/elder abuse (exploitation, neglect, physical and sexual) to Child Protection/Adult Protection, Health and Welfare and/or the law officials.
3. If the client presents a clear and present danger to himself and refuses to accept appropriate treatment, the counseling therapist may release relevant information to protect the client.
4. Court decisions have dictated that if the client or a family member reports a situation that may potentially cause physical or grave emotional harm to another person, we must warn that person and, in some instances, inform legal authorities.
5. Direct threats, physical attacks or threatened attacks against the counseling therapist require we inform legal authorities and the Department of Health and Welfare immediately.
6. If there is a threat of imminently dangerous activity by the client himself or another person(s), the counseling therapist may disclose client communications for the purpose of placing or retaining the client in a psychiatric hospital.
7. Aspenwood Counseling is a private provider contracted through Optum Idaho and with the State of Idaho Department of Health & Welfare. Optum Idaho may have access upon request of audit to all records with or without client/parental knowledge.
8. Aspenwood Counseling and Behavior Center, Inc., reserves the right to contact as needed, the probation officer that may affect client/family member within probation guidelines if applicable.
9. In case of child abuse or similar court involvement we may be subpoenaed (along with your records) to appear in court action against client or family. For information to be disclosed, Aspenwood Counseling would have to be ordered by the Court to release requested information. Additionally, Child Advocate Agencies usually have permission by the Court to review records.

If the client introduces his mental condition as an element of claim or defense in a legal proceeding (except one involving child custody or adoption) the judge may order the counseling therapist to disclose confidential client communications.

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1. In any case of child custody or adoption, the judge may order the counseling therapist to disclose confidential client communications, if the judge determines that the clinician has evidence bearing significantly on the client's ability to provide suitable care or custody and it is more important to the welfare of the child that the communication be disclosed rather than that the relationship between client and the counseling therapist be protected (in cases of adoption, or dispensing with consent to adoptions, the judge must determine that the client has been informed that communications to the counseling therapist would not be privileged.)
2. If, after the death of a client, any party acting on behalf of the decedent introduces evidence of the client's mental cognition as an element of claim or defense, the judge may order the counseling therapist to disclose confidential client communications.
3. The counseling therapist has reasonable cause to believe that an elderly person (over age 60) or a handicapped or disabled person over 17 has died or is suffering abuse, the clinician or Counseling therapist may be obligated to report this information to the proper state agency.
4. Information acquired by a counseling therapist in the course of the professional services of psychology may be disclosed to another appropriate professional as part of a professional consultation.

Apart from the above-listed exceptions, client information may only be shared upon written consent of the client or parent/guardian. If you have any questions about confidentiality, or this statement please feel free to ask Counseling therapist.

Please understand that the above exceptions to the confidentiality rules are those dictated by law or legal precedent and are not the choice of the counseling therapist or Aspenwood Counseling.

I have read and understand the above statement. I have had the opportunity to discuss the above statement with the counselor, and they have explained the above statement if necessary.

Client/Guardian Signature

Date

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Acknowledgement of Receipt of Privacy Notice

I have been presented with a copy of Aspenwood Counseling's **Notice of Privacy Policies**, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of this Notice. Furthermore, I understand that if there is abuse or violence, Aspenwood Counseling may be required to disclose information as described in the Notice of Privacy Practices. I request the following restriction(s) concerning the use of my personal medical information:

Signed: _____

Date: _____

If not signed by client, please indicate relationship to client (e.g., spouse):

Relationship: _____

Witnesses by: _____

Internal Use Only:

If client or client's representative refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented to client and sign below.

Presented on (date and time): _____

By: (name and title): _____

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Informed Consent:

I, _____, the undersigned, hereby attest that I have voluntarily entered treatment, or give my consent for the minor or person under my legal guardianship mentioned above, at Aspenwood Counseling. Further, I consent to have treatment provided by a counselor in collaboration with his/her supervisor. The rights, risks and benefits associated with the treatment have been explained to me. I understand that the therapy may be discontinued at any time by either part. Aspenwood encourages this decision be discussed with the therapist. This will help facilitate an appropriate plan for discharge.

Recipient's Rights: I certify that I have received a copy of the Recipient's Rights and certify that I have read and understand its content. I understand that as a recipient of services, I may get more information from the Recipient's Rights Advisor.

Non-Voluntary Discharge from Treatment: A client may be terminated from Aspenwood non-voluntarily, if: A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts at the clinic, and/or B) the client refuses to comply with stipulated program rules, refuses to comply with treatment recommendations, misses two appointments in a row without notification, or does not make payment or payment arrangements in a timely manner. The client will be notified of the non-voluntary discharge by letter. The client may appeal this decision with the Clinic Director or request to re-apply for services at a later date.

Client Notice of Confidentiality: The confidentiality of patient records maintained by Aspenwood is protected by Federal and/or State law regulations. Generally, Aspenwood may not say to a person outside Aspenwood that a patient attends the program or disclose any information identifying a patient in any way unless: (1) the patient consents in writing, (2) the disclosure is allowed by a court order, or (3) the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation. Violation of Federal and/or State law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or State law and regulations do not protect any information about a crime committed by a patient either at Aspenwood, against any person who works for the program, or about any threat to commit such a crime. Federal law and regulations do not protect any information about a suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under Federal and/or State law to appropriate State or Local authorities. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is Aspenwood's duty to warn any potential victim, when a significant threat of harm has been made. In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records. Professional misconduct by a health care professional must be reported by other health care professionals, in which related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about client, not clinical information.

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My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original. Client data of clinical outcomes may be used for program evaluation purposes, but individual results will not be disclosed to outside sources.

Risks: Psychotherapy can have both benefits and risks. Psychotherapy has been shown to have benefits for people who go through it. Therapy can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. In fact, recent research has demonstrated that some types of psychotherapy offer equal or better treatment results at a lower cost than medication.

Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behavior can be scary, and sometimes disruptive to the relationships you already have. It is important that you consider carefully whether these risks are worth the benefits to you of changing. However, there are no guarantees of how you will benefit from psychotherapy services.

I consent to treatment and agree to abide by the above stated policies and agreements with Aspenwood Counseling.

Signature of Client/Legal Guardian

Date

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Electronic Communication Agreement

E-mail and text messaging have become a common and convenient way to communicate. It is important to be aware that privacy and confidentiality of electronic communications cannot be ensured by Aspenwood Counseling. If you prefer to communicate through e-mail or text messaging for scheduling or cancelations, we will be happy to do so.

Please be advised of the following conditions:

1. E-mail and texting are not appropriate for urgent or emergency situations. Immediate responses cannot be guaranteed. For urgent situations please use our Crisis Line at 208-312-9178; contact 911 or go to the nearest Emergency Room.
2. Please do not use text messaging or email for clinical concerns which would be best met through voice communication or a face-to-face session.
3. All e-mails and text messages may be printed and retained in client files.
4. Identifiable e-mails or texts will not be forwarded without written consent, except as authorized by law.
5. Clients should not use e-mail or texts for communicating sensitive personal or medical information or for casual communication.
6. Aspenwood Counseling is not liable for any breaches of confidentiality caused by the client or third-party use of electronic communication.
7. It is the client's responsibility to confirm and keep all scheduled sessions. Aspenwood will send a text reminder the day before your schedule session if requested.
8. Confirmation texts are conducted as a convenience for you, as a courtesy please respond to text messages when received. Failure to respond to the text message does not cancel your appointment. You will always receive a response when confirming or canceling your appointment by text message.

I have read the above document and understand the limits of confidentiality regarding electronic communications.

Signature

Date

I consent to receiving e-mails at: _____
E-mail address

I consent to receiving text messages/reminders at: _____
Text message number

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Assignment of Benefits

Assignment of Medicaid Benefits

I hereby authorize the payment of medical benefits from the above-named client to be paid to Aspenwood Counseling for services rendered to insured parties by Aspenwood Counseling. I also authorize Aspenwood Counseling, to furnish any information which said insurer may request claiming any claim.

IF MEDICAID COVERAGE TERMINATES, NOTIFY THE TREATING CLINICIAN IMMEDIATELY. YOU WILL BE RESPONSIBLE FOR THE FULL FEE CHARGED FOR ANY VISITS AFTER THE TERMINATION HAS TAKEN PLACE.

****You must provide your current medical card and present it at any time requested to verify eligibility.

****Please note: You will be responsible for appointments not kept, canceled or rescheduled less than 24 hours in advance, future appointments may be canceled due to failure to keep any scheduled appointments. ***

Responsible Party (Signed)_____ **Date**_____

OR

Assignment of Insurance Benefits

I hereby authorize the payment of medical benefits from the above-named client to be paid to Aspenwood Counseling for services rendered to insured parties by Aspenwood Counseling I also authorize Aspenwood Counseling to furnish any information which said insurer may request claiming any claim.

IF INSURANCE COVERAGE TERMINATES, NOTIFY THE TREATING CLINICIAN IMMEDIATELY. YOU WILL BE RESPONSIBLE FOR THE FULL FEE CHARGED FOR ANY VISITS AFTER THE TERMINATION HAS TAKEN PLACE.

****You must provide your current medical card and present it at any time requested to verify eligibility.

****Please note: You will be responsible for appointments not kept, canceled or rescheduled less than 24 hours in advance, future appointments may be canceled due to failure to keep any scheduled appointments. ***

Responsible Party (Signed)_____ **Date**_____

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Notice Regarding Insurance (1/1/2023)

Aspenwood Counseling is a participating provider for several insurance companies and employee assistance programs. Please advise us if we need to become a provider for your specific insurance. Aspenwood Counseling will bill insurance companies for the contractual rate agreed upon by the insurance company and Aspenwood.

To keep monthly costs low your insurance company may have a high deductible that resets every year. These deductibles must be met before the insurance company will make a payment to providers; this can result in a financial burden for your family as well as for Aspenwood Counseling.

If your deductible has been reset, it will be necessary for you to pay for services provided by Aspenwood Counseling. Standard fees for individual counseling are between \$80.00 and \$120.00 in Idaho. Aspenwood is currently collecting a minimum of \$80.00 per session and we will continue to bill your insurance at contract rates. Payment is due at time of service unless a previous agreement has been made.

Aspenwood Counseling may be able to work with you regarding rates or scheduling to reduce out of pocket expenses. Aspenwood Counseling is a service-oriented business and must collect fees to cover expenses. Thank you for your understanding.

Receipt of the Notice Regarding Insurance (1/1/2023) is acknowledged.

Patient/Parent/Guardian

Date