

As otherwise required by law.

Client Initial:

## **Disclosure Form**

OBHS SERVICES: Outpatient Behavioral Health Services include medication evaluation and management, mental health professional services (therapy), mental health paraprofessional services, and/or psychological services. AR Nextstep Counseling Services is a certified OBHS provider which means that we provide Outpatient Behavioral Services to persons who have been assessed as meeting the criteria for medically necessary services. OBHS are available to all Medicaid and Medicaid eligible (who have applied) recipients if they are determined through independent assessment to meet the criteria for Tier 1, 2, or 3 services. These persons currently have, or at any time in the past year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM 5 (other than v codes), substance abuse or developmental disorders (including pervasive developmental disorders and mental retardation, which are excluded unless they co-occur within another diagnosable condition). These services are provided with the goal of returning the client back to their original level of functioning. OBHS services must be medically necessary and may be discontinued at any time by the client. If you wish to file a complaint, you may contact the AR Nextstep Counseling Services Grievance Officer at 870.277.4357. Further, you may contact the Arkansas Division of Behavioral Health Services (by phone at 501·682·1001 or The Joint Commission by calling 800·994·6610.

The Joint Commission by cal	ing 800-994-6610.
Client Initial:	Guardian Initial:
understand that my previous	STEP COUNSELING SERVICES OBHS SERVICES: In making this choice, I OBHS Provider (if applicable) will no longer be authorized to provide mental health services are services may be authorized by newly chosen OBHS Primary Provider.
Client Initial:	Guardian Initial:
are based upon published tre a wide array of services whic exist which are not available	T MODALITIES: I understand that AR Nextstep Counseling Services staff provide services to atment guidelines. In keeping with research findings, AR Nextstep Counseling Services promoting includes but is not limited to medication management I understand that alterative options mat AR Nextstep Counseling Services. I understand that if I am interested in alterative treatment options with a AR Nextstep Counseling Services mental health professional, supervisor, or
Client Initial:	Guardian Initial:
	stand that the Information and materials obtained during therapy, evaluations, consultations, will be treated confidentially by AR Nextstep Counseling Services staff, subject to the following
<ul> <li>Your insurance car Medicare, Private I</li> <li>Court order or HIP.</li> <li>Information must b child abuse or abuse</li> <li>Appointment reministration To coordinate necessions.</li> <li>To conduct necessions.</li> </ul>	se of information in writing; rier requests information to assist in payment for services (third party payers such as Medicansurance, etc.);  A order is presented; released by mental health professionals in response to legal requirements to report suspecte of an impaired adult, suicidal or homicidal Intent; ders in whatever means you choose; ssary treatment with other health providers; ary consultation and/or supervision (either as required by state licensure guidelines. education ician's assessment);

Guardian Initial:

<b>CONSENTS</b> . I hereby agree to and acknowledge receipt of information pertaining to the confidentiality of my records, Notice of Privacy Practices, Client Rights and Notice of 24-hour Access.			
Client Initial: Guardian I	nitial:		
Treatn	nent Team Signatures		
(Please sign and date in appropriate box)			
Client	Guardian (if applicable)		
Mental Health Professional	Qualified Behavioral Health Provider		