

Client Name:	Date of Birth:
Admission Date:	Date:

**CLIENTS EXPERIENCING CRISIS MAY CONTACT THE BHR HOTLINE AT ANYTIME.**

**Behavioral Health Response #: 314-469-6644**

**CONFIDENTIALITY**

I acknowledge by my signature below that I have received a copy of the Redeeming Love LLC Notice of Privacy Practices. I understand that if I have any questions regarding confidentiality, I may contact my therapist/owner of Redeeming Love LLC at 636-221-8178.

**CONDITIONS OF TREATMENT**

I understand that it is my responsibility to call the 24-hour crisis line should I considers haring others or myself. I understand it is not my provider’s responsibility to respond to me in a crisis. I understand if I am experiencing a crisis it is my responsibility to seek assistance from the BHR Hotline or 911. I understand that when I am seen for my therapy services by Redeeming Love LLC and it’s provider, I agree to participate in sessions. I understand that at any point if therapy services are not progressing or I am not participating the provider can terminate sessions at any point.

I agree to follow my provider’s instructions or to notify them if I am not willing to do so. This includes taking medication as prescribed, experiencing suicidal ideations, experiencing homicidal ideations, using coping skills, etc. Failure to comply with treatment as mutually agreed may result in my termination from care.

I understand that I must call or text 48 hours in advance to cancel an appointment. I understand that when I do not call at least 48 hours in advance of the appointment, it will be considered a no show. I understand that I will still be charged for the appointment, unless other discretion is permitted by Redeeming Love LLC.

I understand that failure to keep appointments or cancel before 48 hrs will result in termination of care.

**Appointment Policy**

For Redeeming Love LLC to make effective use of the provider’s time, the following appointment policy will be strictly followed:

I understand that I must call or text the provider to cancel my appointment where I receive services at least 48 hours in advance if I am unable to keep my scheduled appointments, otherwise, the missed appointment will be treated as a no-show. In emergency situations, I am requested to call or text as soon as possible.

I understand that following the first no-show, all future scheduled appointments with the provider will be noted in the chart.

I understand that a no-show is considered to have occurred when the provider is not notified of a cancellation at least 48 hours in advance.

I understand that two no-shows with the provider in a twelve month period will result in a warning letter being sent. If I receive a third no-show in a twelve month period, I will no longer be allowed to schedule appointments with the provider at Redeeming Love LLC for twelve months.

### **FEES FOR SERVICE**

I understand that there may be a fee for my service and that payment is required at the time of service.

I understand that if I fail to pay for services received, that not only may my services be terminated, but in addition all billing information including name, address, place of employment, dates of service(s) received, etc., may be given to a professional collection agency to use in their process of collection. I further understand that if my account is placed for collection, I will be responsible for the fee charged by the collection agency and any attorney or court fees assessed.

### **RELEASE OF LIABILITY ON AUTHORIZED RELEASES OF INFORMATION**

I am aware this authorization constitutes a waiver of all claims against Redeeming Love LLC and its provider, as a result of their compliance with this authorization, and that neither Redeeming Love LLC nor its provider will have any responsibility for the acts of the recipients of this information with respect to said records, after they are made available as I have authorized and requested.

### **CLIENT RIGHTS AND GRIEVANCE PROCEDURE**

I have received a statement of my rights as a client of the Redeeming Love LLC, including proper grievance procedures should I be dissatisfied with any of the policies and procedures or my treatment at Redeeming Love LLC.

You are entitled to the following rights and privileges:

1. To receive prompt evaluation, care and treatment;
2. To receive this service in the least restrictive environment;
3. To confidentiality of information and records in accordance with federal and state law and regulation;
4. To be treated with dignity and addressed in a respectful, age appropriate manner;
5. To be free from abuse, neglect, physical punishment and other mistreatment, such as humiliation, threats or exploitation;
6. To be the subject of an experiment or research only with my informed consent, or the consent of a person legally authorized to act;
7. To refuse treatment unless ordered by the Court or authorized by my guardian, except in an emergency.

### **CONSENT FOR TREATMENT AND FOLLOW-UP**

I understand all the preceding statements and will adhere to these policies during my service with

Redeeming Love LLC. I am requesting the service of Redeeming Love LLC and agree to be contacted by the provider during or after my service, to ascertain the results of my treatment and my satisfaction with the service I am received through Redeeming Love LLC.

I understand that Redeeming Love LLC will not testify in court for any reason. I agree to not have my provider at Redeeming Love LLC subpoenaed for any reason. I understand that if I violate this portion of the agreement then my services will be terminated and I will be charged \$250 per hour the provider at Redeeming Love LLC has to travel to, be present at Court proceeding and return travel.

I understand all the statements in this document and give consent for Redeeming Love LLC and it's provider to provide treatment.

Client Signature:	Date:
Witness Signature:	Date: