



- **A verification form is simply an online-form (on our website) that the client, or parent, etc., signs after each session with you. The point of it, is for the client, parent, etc., to verify that you were there.**

Why?

1. We are responsible for making sure Medicaid is not abused (e.g. believe it or not, there are counselors out there that write progress notes without seeing the clients, which is a big no-no. I've known counselors who have lost their LMHC and LCSW licenses for faking sessions, plus they faced civil and felony charges from the United States government).
 2. It covers your butt. If a client ever disputes that you were not there, we have evidence that you were. It protects you from any problems that can arise in the future, even if you don't think a client would ever do so, you would be surprised. Sometimes clients get confused, we have seen that before.
- **All VFs must be done online on our website.** Whether you are at school, at the client's home, or any another location, you can pull Opulent VIP's website on your (or the client's) phone/tablet, and have that form signed while you are there.
 - Verification Forms should be turned in for all sessions done with the client, such as
 - Individual Therapy (H2019HR or 90837, 90834, 90832, etc.)
 - TBOS (H2019H0)
 - PSR (H2017)
 - Group Therapy (H2019HQ)
 - You do not need to have the client sign the VF for an intake or a review, as the client will usually sign the treatment plan instead, which itself verifies the service.
 - The VF is to be signed by:
 - The client, if the client is over 18 or
 - The parent/guardian, if the client is under 18 or
 - The school staff, if the session was done at school.
 - Ensure that the date/time listed on the VF, **matches** the date/time of your progress note. If you are having the client sign remotely (e.g. you are doing Telehealth, or you forgot and now you are having the client sign it online), ensure that you inform the client the correct date/times so that it matches. If you discover they don't match, please have the client re-do it.

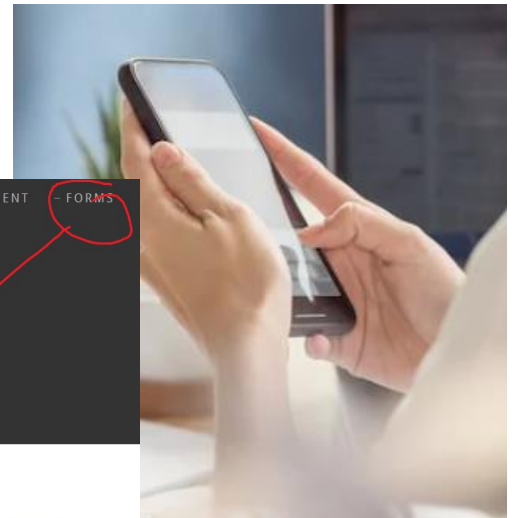
- If you are at school... ask any school staff member who can verify your presence there, to sign the form(s) on your phone/tablet.
- Please ensure that you sign one (1) form PER client seen, PER date of service (*e.g. Siblings each need one*).
- Your Notes will be automatically “matched” to the VF’s before being processed for payroll or payment purposes, so it is important that you turn in a VF for all sessions done **(especially if you have the client sign these remotely – make sure they get done)**.
- Get the client/parent to sign the VF on our website (see next page for screenshot)
- Please note that when the parent/client signs these VFs, they are asked for a 4-digit PIN which they had set up when they completed their initial paperwork. While this PIN is not required to submit the form, client/parents should know that if they repeatedly submit the VFs without a PIN, then they will receive a quality call from our office to confirm services.

Go to www.opulentvip.com

Select Counseling & Behavioral Health Services

Click on FORMS

Select the Verification of Services



LC

HOME REFERRALS PAYMENT **FORMS**

Client Forms - For current clients

All forms below are intended for our client clients. If you are a new client, please complete the [referral form](#) first, and we will contact you to determine eligibility.

[— SEE BELOW —](#)

Intake Packet to Sign

Verification of Services

ROI Form

Three small rectangular images are shown below the form titles. The first image shows a hand holding a pen and signing a document. The second image shows a hand signing a document. The third image shows a person sitting at a desk with a clipboard and pen.

Verification of Services Form (VF)

PARENT/GUARDIAN/ SCHOOL EMPLOYEE /CLIENT (IF OVER 18 (PADRE/TUTOR/EMPLEADO DE LA ESCUELA/CLIENTE (MAS DE 18 ANOS))): By signing, you acknowledge that you or your child participated in services as described. Do not sign a blank entry. Al firmar, usted reconoce que usted o su hijo participó en servicios como se describe anteriormente. Por favor no firme de una entrada en blanco

Name of Clinician: *

Client's Name *

| | |
|------------------------------------|-----------------------------------|
| <input type="text" value="First"/> | <input type="text" value="Last"/> |
|------------------------------------|-----------------------------------|

Date *



Start Time *



End Time *



MUST MATCH DATA ON THE PROGRESS NOTE - CONSULT CLINICIAN IF YOU HAVE ANY QUESTIONS BEFORE COMPLETING.

Name of Person Signing *

Relationship to Client *

Client / Self

Signature of Client / Parent / School *

A large rectangular box with a horizontal line at the bottom, intended for a signature. A small icon of a pen is visible in the bottom left corner of the box.

PIN Number

☐ I don't remember my PIN

Your PIN Number is the 4-digit number that you entered when you completed the intake paperwork. If you don't remember, please indicate that you don't remember it, and the office will email you or call you during the next week or so to give it to you.

You can still submit this form without the PIN.