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**Authorization for Treatment and Professional Disclosure**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician’s Name: **Nhautrey Brown, MSW, LICSWA**

Clinician’s Credentials and License Number(s): **Counseling Affiliated Registration Number- CG61085902**

**Clinician is a licensed Associate with a degree in a mental health field working under the supervision of an Approved Supervisor.**

I acknowledge that Why’s Words, LLC has obtained an official business license and that I may request proof of business operations at any time.

I hereby authorize the staff of Why’s Words, LLC to evaluate, treat, or provide consultation to the above named person. I will be involved in the development of my Treatment Plan and have been informed about the kinds of therapy being offered to me (i.e. individual, group, family, case management, etc.).

I have reviewed the prices of services listed on WhysWordsLll.com. I agree to pay the amount for my service listed in the price list on WhysWordsLlc.com. I understand and abide by Why’s Words, LLC’s billing policy and agree to pay the full amount for my billed service within 24 hours of completion of the service. I understand that Why’s Words, LLC bills out of pocket pay and that 100% of the payment for my received service is due in full within 24 hours of completion of my service. Why’s Words, LLC agrees to accept payment in the form of cash, check or online bill pay. I will receive a receipt of my service. Checks will be made out to “Why’s Words, LLC”, with the service title that I received listed in the “memo” section. I agree to ensure that the funds represented on the check amount are readily available within 24 hours of completion of my service. I authorize Why’s Words, LLC to proceed with legal action in the case that a check that I submit for payment of my service cannot be processed due to insufficient funds. Furthermore, I understand that by agreeing to this billing procedure, legal action will be taken if I refuse to make a payment within 24 hours of completion of service for any form of payment, unless otherwise communicated with an authorized staff member of Why’s Words, LLC. I am aware of the cancelation and rescheduling policy put forth by Why’s Words, LLC. I must cancel my appointment within 48 hours, or otherwise pay full price for my missed service. I am granted a one-time emergency cancelation at no charge. Rescheduling my appointment within 48 hours will result in a no charge fee. Rescheduling my appointment within less than 48 hours, will result in my responsibility to pay 50% of my service fee for convenience to my practitioner. A “no call, no show” implies that I did not notify my assigned mental health professional of appointment cancelation, and did not show up for my appointment (whether virtual or in person) for the duration of my appointment. I agree that I am responsible for paying 100% of my service fee if my appointment is deemed a “no call, no show”. I am responsible for paying full price for my service if I arrive late to my appointment, and the allotted time for my appointment will not be extended. If I choose to terminate my affiliation with Why’s Words, LLC and have remaining appointments scheduled, they will be canceled at no charge.

I understand that Why’s Words, LLC may release and request information necessary for my treatment only with my consent. I am aware that there is a “Release of Information” form that I will need to fill out and sign in order for information between agencies and people to be requested and released. Additionally, I understand that information about my care at Why’s Words, LLC is confidential and will be handled in a confidential manner (emails are encrypted and documents/clinical information are locked with a secure password).

I am aware that I have the right to request a different level of care, or be transferred to a different agency if I become unsatisfied with my provided service at any time.

I acknowledge that I have received a copy of the following or otherwise have access to these forms electronically:

1. Client Consent & Disclosure of Information/Release of Information
2. Authorization for Treatment and Professional Disclosure

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(Client, Parent or Guardian if child under the age of 13) (Date)

Updated August 2021