

Lotus Behavioral Health, LLC
Behavioral Mental Health Services
CONSENT FORM

Lotus Behavioral Health provides psychotherapy and evaluation/assessment services to for individuals, couples, or families seeking behavioral mental health support through counseling/psychotherapy or seeking evaluation for diagnostic or legal needs.

Assessment and Counseling/Psychotherapy

Your first session with the will involve an assessment to determine what type of services may best meet your needs. We work together to determine the best options and resources for dealing with your needs, behavior, or concern that may be impacting your ability to live or work in a healthy manner.

Confidentiality

Lotus Behavioral Health follows strict federal and state laws regarding confidentiality. The fact of your visit, all clinical records, and the nature of your problems are kept confidential. We do not disclose information without your written authorized consent, except to the extent required or permitted by law, which shall include, but is not limited to, the following instances:

1. If we have reason to believe you are likely to cause serious harm to yourself, we must intervene to protect your safety;
2. If we have reason to believe you are likely to cause serious harm to another person, we must intervene to protect their safety;
3. If you care for child or adult dependents, and there is reason to believe they may not be safe in your care due to abuse or neglect, we are obligated to report that information to the appropriate governmental authorities; and
4. There are certain circumstances in which we may be required to disclose records pursuant to a court order or other legal processes.

Scheduling Appointments

If it is necessary to change or cancel your appointment, please call 770-540-7862 at least 24 hours in advance. If you miss an appointment, please call to reschedule or to inform the office that you are no longer interested in services.

Emergency Services

Lotus Behavioral Health does not provide emergency services. If you have an urgent situation requiring immediate assistance, please also dial 911, Georgia Crisis & Access Line (1-899-715-4225), or visit your nearest emergency room.

Notice of Privacy Practices:

I understand that Lotus Behavioral Health has a Notice of Privacy Practices, which discusses use and disclosure of protected health information, as well as individual rights and other information. This Notice will be provided to me, and I understand it is also available for review and/ or for me to have if requested.

I have read and understand the information outlined above. I understand that I will have an opportunity to discuss any questions I may have regarding behavioral mental health services. My signature below indicates my consent to receive services from Lotus Behavioral Health.

Client Name (Please Print)	Signature	Date
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Name of Witness (Please Print)	Signature	Date
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