

Oak River Counseling, LLC
828 Andrews Ave Suite 2 Ozark Al 36360
Office: 334-443-1030 Fax: 334-751-1466
Office Manager: Ashlyn Senn
ashlyn@oakrivercounseling.com

Dear Boys and Girls Club of Ozark Parents,

We are thrilled to announce that Oak River Counseling will be offering counseling services at the Boys and Girls Club of Ozark! We understand how important it is for children to have the support they need to thrive, and we are here to walk alongside your child every step of the way.

How Counseling Can Help Your Child: Counseling provides a safe and supportive environment where children can express themselves freely. It helps them build coping skills, boost their self-esteem, and navigate challenging emotions or situations. Whether your child is struggling with bullying, feelings of sadness, ADHD symptoms, defiant behaviors, or simply needs someone to talk to, counseling can make a significant difference in their overall well-being and development.

What Counseling Is: Counseling is a process where children work with a trained professional to explore their thoughts, emotions, and behaviors in a way that helps them understand themselves better. Through fun and engaging activities, children can gain tools and strategies that will help them manage life's challenges and feel more confident. It's a supportive space where your child's feelings are validated, and they can learn new skills to cope with the ups and downs of life.

Convenience and Accessibility: To make it easier for your family, Oak River Counseling will be offering sessions at the Boys and Girls Club on specific days and times. We want to make counseling more accessible and convenient for parents while ensuring your child gets the care they need. However, if you prefer for your child to be seen at our local office, we are happy to accommodate that as well by calling our office..

We truly believe in the positive impact counseling can have on children's lives, and we would love to help your child on their journey toward emotional health and resilience. If you're interested or have any questions, please reach out to us—we're here to help!.

Information for Parents Keep this form so you can always refer back to it:

1. Fill out the entire packet that the Boys and Girls Club provides to you. If you have any questions about the paperwork please call the office at 334-443-1030.
2. We will be using some insurances, we accept BCBS and Medicaid. Alabama Medicaid requires you to have the child's primary care physician fax us a Medicaid Referral before seeing your child, our fax number is 334-751-1466
3. Once we receive the paperwork, the counselor will call to talk with you about the day and time they will see your child. This will be a good time to discuss with the counselor any concerns that you may have about this process or to give any information that would be relevant to your child's counseling sessions.
4. Please remember all legal guardians must be aware of counseling.
5. Please remember that if your child has a scheduled appointment at the club but is unable to make it please text or call the therapist or the office to inform them they will not make it.

Warm regards,

Oak River Counseling Team

Oak River Counseling Referral Form

This form is to determine the insurance information for those wanting to participate in counseling and group counseling at the Boys and Girls Club.

Client Name: _____ Date of Birth: _____

Guardian Name: _____

Phone Number: _____

Address: _____

Insurance: Blue Cross Blue Shield Medicaid Other

BCBS/Other:

Contract Number/Member ID: _____

Policy Holder Name: _____

Medicaid:

Medicaid ID Number: _____

****If you have Medicaid they require you to have the Medicaid Referral from the child's primary care physician sent over to our office before the child participates. They can fax it to Oak River Counseling at 334-751-1466.

Days your child attends Boys and Girls Club: Mon Tue Wed Thu Fri

Time you child attends Boys and Girls Club: _____

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828 Andrews Ave Suite 2, Ozark AL
334-443-1030 Office
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Authorization to Receive Therapy Services (Individual and/or Group Counseling) at the Ozark Boys and Girls Club

Therapists:

Fanetia Love, ALC

Chelsea Singleton, DSW, LICSW

Trent Johnson, MS (Counseling Intern)

Client/Child Full Name:*

Parent/Legal Guardian Name and Relationship:*

Parent/Legal Guardian Phone Number*

I, the undersigned parent/legal guardian, request that my child receive **counseling services at the Ozark Boys and Girls Club** provided by **Oak River Counseling, LLC**. I fully understand and acknowledge the following:

- Responsibility for Payment:** Boys and Girls Club **will not be responsible** for payment of any counseling services rendered by Oak River Counseling, LLC.
- Billing of Insurance:** Oak River Counseling, LLC **will bill my primary insurance** for services rendered and may submit claims to a third-party payer (insurance) only to obtain payment for services.
- Voluntary Participation:** Counseling is voluntary, and I may withdraw my child from services at any time by providing written notice.
- Confidentiality:** All information shared during counseling will be kept confidential in accordance with HIPAA and professional standards, except as required by law (e.g., risk of harm, abuse, court order).

I, the undersigned parent/legal guardian, request that my child receive Individual Only Group Only Group and Individual **counseling services at the Ozark Boys and Girls Club** provided by **Oak River Counseling, LLC**. **(Please check at least 1 box)**

Signature*

Date*

Oak River Counseling, LLC

828 Andrews Ave, Suite 2

Ozark, Alabama 36360

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Informed Consent for Therapy-Boys and Girls Club

Please read the following information prior to consenting for therapy. Your signature indicates that you understand and agree to comply with the following policies and give consent to services provided by Oak River Counseling, LLC and its providers.

Confidentiality: What is discussed in therapy is confidential. Information concerning your case won't be released to anyone outside of Oak River Counseling, LLC without your written permission to do so. If therapy involves more than one individual, permission must be obtained from all individuals in order for information to be released. A legal guardian/parent must provide this permission for minors.

Exceptions to confidentiality:

1. Duty to warn: I will abide by the laws of the State of Alabama in regards to the duty of therapists to warn whenever there is a reasonable probability of willful harm to self or others. This includes warning identified victims and informing authorities
2. Judicial Subpoena/Court Order
3. Mandatory reporting of child abuse/neglect: If at any time I suspect child abuse or neglect I am mandated by state law to report it to the state and/or law enforcement for investigation

Insurance: Oak River Counseling, LLC does not file insurance on behalf of the client unless Oak River Counseling is contracted with the insurance company; however, if we don't accept your insurance, we can provide you with a Superbill you could send to your insurance for possible reimbursement. Reimbursements from the insurance company are not guaranteed. If you wish for me to file on your insurance, by signing this informed consent you are agreeing for me to disclose required information from your chart. This will include client demographics, diagnoses, and dates of service.

Court Appearance: I will not make court appearances in a custody case, marital cases, domestic violence cases or individual cases. However, if I receive a subpoena and must make a court appearance, my court cost is \$300 per projected hour paid prior to taking the stand.

Records Release/Attorneys: Each session is subject to a written summary so that I have a record of your attendance and progress throughout therapy. All information exchanged between you and Oak River Counseling, LLC is privileged and confidential. Your record is owned by you but is the property of Oak River Counseling, LLC. Your records will be disposed of seven years after your chart is closed. The purpose of your record is to 1.) Plan your care and treatment, 2.) Communicate among referral sources and health care professionals, 3.) Describe the care that you received, 4.) Allow third party payers to verify that you received the services, 5.) Assess the appropriateness and quality of care you received, 6) Improve quality healthcare and achieve better client outcomes. You **HAVE THE RIGHT** to access your record if Oak River Counseling deems that it will not ultimately cause harm to you or others. You must pay for all copying costs (\$3/page). You **DO NOT HAVE ACCESS** 1.) Therapy notes. 2.) Information compiled in reasonable anticipation of or for use in civil, criminal or administrative actions or proceedings, 3.) Protected health information, 4.) Information that was obtained from someone other than a health care provider under a promise of confidentiality. If access to your record is denied, an explanation will be provided. If you feel that information contained in your record is incorrect or incomplete, you may ask to add information in order to amend the record. You must submit a request in writing and provide a valid explanation concerning the reason for your request. You may correct or amend information in your record unless 1.) Oak River Counseling, LLC did not create the document to be amended/corrected, 2.) The record is accurate and complete, 3.) IF the record is not available to you for reasons described in the paragraph above. If your request is denied you may file a statement that you disagree, which will be added to your record.

Referral: I am ethically bound to terminate the therapy contract if the therapy relationship is deemed no longer beneficial to the client.

*****NO CLIENT OR OTHER PARTY/PARTICIPANT IS GIVEN PERMISSION TO RECORD ANY PART OF A COUNSELING SESSION (ON-SITE OR TELEHEALTH).** This can negatively impact the client/therapist relationship. If the therapist learns that sessions have been recorded without permission or consent, therapy services will be immediately suspended in order to discuss future therapeutic services at Oak River Counseling, LLC. If it is determined that the therapeutic relationship cannot be repaired (based on the therapist's discretion), the therapist will refer the client to another therapist outside of Oak River Counseling, LLC.

Effects/Purpose of Counseling: Counseling is for therapeutic purposes only and is NOT intended for use in legal proceedings.

Neither records nor my comments are for or against individuals, but for the reaching of therapeutic goals. While benefits are expected from counseling, no specific outcome is guaranteed. Your time in counseling may lead to major changes in how you choose to view important issues in your life. The exact nature of these changes is not predictable and could affect relationships and your view of yourself/others. You must consider the potential pros/cons of counseling before undertaking it. During the counseling process, there may be periods of increased discomfort and strong emotions; this is common and tends to improve over time.

Scheduling: You will receive a reminder text and/or call a day prior to your session. By signing below, you are giving me permission to contact you via text and/or call.

Notice of Privacy Practices: I, a client of Oak River Counseling, LLC., hereby acknowledge that I have been offered a copy of the HIPAA/privacy practices for Oak River Counseling, LLC.

Use of Artificial Intelligence (AI) for Documentation

Our practice may utilize secure, HIPAA-compliant artificial intelligence (AI) tools (such as, AutoNotes, or similar platforms) to assist clinicians in generating clinical documentation (e.g., progress notes). These tools are used solely to improve documentation efficiency and enhance the quality of care. Please note the following: **No therapy sessions will be recorded** (audio or video) for the purpose of AI-assisted documentation. **No protected health information (PHI) that directly identifies a client** (such as full name, date of birth, address, or contact information) will be entered into AI systems. Any information used with AI tools will be **limited to the minimum necessary and de-identified to the extent possible** in accordance with HIPAA guidelines. AI tools utilized by the practice are required to maintain **HIPAA compliance, including Business Associate Agreements (BAAs)**, and must meet industry standards for data security and confidentiality. AI-generated content is used **only as a draft**. All documentation is **reviewed, edited, and finalized by the treating clinician**, who remains fully responsible for the accuracy and completeness of the medical record. Your confidentiality and privacy are of the utmost importance. The use of AI does not replace clinical judgment or reduce the protections afforded to your health information under state and federal law. **You have the right to decline the use of AI-assisted documentation. If you choose to opt out, your clinician will complete documentation manually without the use of AI tools.**

Minor Consent: By signing this informed consent, I, parent/legal guardian of the minor identified below, am giving consent for him or her to participate in therapy at the Boys and Girls Club of Ozark by Oak River Counseling, LLC.

I, the undersigned, understand and acknowledge that neither Maddison Kirschner, my specific therapist, nor Oak River Counseling, LLC., nor any of its officers, agents, directors, affiliates, or employees shall be held responsible for any act, accident, or injury in any way related to my child's therapeutic session.

In consideration for my therapy by Oak River Counseling, LLC therapists, I, the undersigned, for and on behalf of myself, my family, and my estate, heirs, and assigns, do hereby release, indemnify, and hold harmless all therapists at Oak River Counseling, LLC., including its officers, agents, directors, affiliates, and employees, from and against any and all claims, actions, damages, liability and expense in connection with claims (including attorneys' fees), whether in statutory or common law, in law or in equity relating to injury, including death, or damage to my child or property belonging to me, relating to therapy provided by the therapists at Oak River Counseling, LLC.

I hereby certify that I am fully competent to sign this Informed Consent that I have read the Release in its entirety and agree to be fully bound thereby

Client Information

Client's name: _____

Client's address: _____

Phone Numbers: Home _____ Cell _____

Email: _____ Client's DOB: _____

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please feel free to call us at 334-443-1030 about any concerns you may have. By signing below you indicate that you understand the policies set forth by this informed consent.

Legal Guardian Signature: _____ Date _____

Therapist Signature _____ Date _____