



REVIVE 180 CLIENT INFORMATION

Name: _____ Preferred Name: _____

Date of Birth: _____

Gender Identity: _____ Sexual Orientation _____

Race _____ Marital Status _____

Address _____

Phone/Cell Phone _____

Email _____

Employment (Name of employer & occupation) _____

School (Grade & School Attending) _____



REVIVE 180 Consent Form

This form is called a Consent for Services (the "Consent"). Your therapist/counselor ("Provider") has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

THE THERAPY PROCESS

Therapy is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means that you will follow a defined process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. Therapy generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good relationship between a client and their Provider. To foster the best possible relationship, it is important you understand as much about the process before deciding to commit.

Therapy begins with the intake process. First, you will review your Provider's policies and procedures, talk about fees, identify emergency contacts, and decide if you want health insurance to pay your fees depending on your plan's benefits. Second, you will discuss what to expect during therapy, including the type of therapy, the length of treatment, and the risks and benefits. If your Provider is practicing under the supervision of another professional, your Provider will tell you about their supervision and the name of the supervising professional. Third, you will form a treatment plan, including the type of therapy, how often you will attend therapy, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your Provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular therapy sessions at your Provider's office or through video, called telehealth. Participation in therapy is voluntary - you can stop at any time. At some point, you will achieve your goals. At this time, you will review your progress, identify supports that will help you maintain your progress, and discuss how to return to therapy if you need it in the future.

TELEHEALTH SERVICES

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

- Risks
 - Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact



information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards.

- **Technology.** At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions.

- **Crisis Management.** It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.

- **Benefits**

- **Flexibility.** You can attend therapy wherever is convenient for you (as long as you are physically in the state of Missouri).

- **Ease of Access.** You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.

- **Recommendations**

- Make sure that other people cannot hear your conversation or see your screen during sessions.

- Do not use video or audio to record your session.

- Make sure to let your Provider know if you are not in your usual location before starting any telehealth session.

CONFIDENTIALITY

Your Provider will not disclose your personal information without your permission unless required by law. If your Provider must disclose your personal information without your permission, your Provider will only disclose the minimum necessary to satisfy the obligation. However, there are a few exceptions.

- Your Provider may speak to other healthcare providers involved in your care.

- Your Provider may speak to emergency personnel.

- If you report that another healthcare provider is engaging in inappropriate behavior, your Provider may be required to report this information to the appropriate licensing board. Your Provider will discuss making this report with you first and will only share the minimum information needed while making a report. If your Provider must share your personal information without getting your permission first, they will only share the minimum information needed. There are a few times that your Provider may not keep your personal information confidential.

- If your Provider believes there is a specific, credible threat of harm to someone else, they may be required by law or may make their own decision about whether to warn the other person and notify law enforcement. The term specific, credible threat is defined by state law. Your Provider can explain more if you have questions.



- If your Provider has reason to believe a minor or elderly individual is a victim of abuse or neglect, they are required by law to contact the appropriate authorities.
- If your Provider believes that you are at imminent risk of harming yourself, they may contact law enforcement or other crisis services. However, before contacting emergency or crisis services, your Provider will work with you to discuss other options to keep you safe.
- * Minor child clients are afforded the same privacy rights, however, any disclosure of abuse to client is also required to be reported to appropriate authorities. While openness in discussion in the family system is encouraged, minor children must feel that what is disclosed in therapy is confidential with the exception of events that could lead to harm or have harmed children or vulnerable adults.

RECORD KEEPING

Your Provider is required to keep records about your treatment. These records help ensure the quality and continuity of your care, as well as provide evidence that the services you receive meet the appropriate standards of care. Your records are maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.

COMMUNICATION

You decide how to communicate with your Provider outside of your sessions. You have several options:

- Texting/Email
 - Texting and email are not secure methods of communication and should not be used to communicate personal information. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method. You may choose to use Spruce Health for secure texting communications. Any text messages not sent within the secure Spruce Health application are not guaranteed to be secure.
- Secure Communication
 - Secure communications are the best way to communicate personal information, though no method is entirely without risk. Your Provider will discuss options available to you. If you decide to be contacted via non-secure methods, your Provider will document this in your record.
- Social Media/Review Websites
 - If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy.



- Your provider may publish content on various social media websites or blogs. There is no expectation that you will follow, comment on, or otherwise engage with any content. If you do choose to follow your Provider on any platform, they will not follow you back.
- If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your Provider on any website, they will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

FEES AND PAYMENT FOR SERVICES

You may be required to pay for services and other fees. You will be provided with these costs prior to beginning therapy, and should confirm with your insurance if part or all of these fees may be covered. You should also know about the following:

- No-Show and Late Cancellation Fees
 - If you are unable to attend therapy, you must contact your Provider before your session. Otherwise, you may be subject to fees outlined in your fee agreement. Insurance does not cover these fees.
- Balance Accrual
 - Full payment is due at the time of your session. If you are unable to pay, tell your Provider. Your Provider may offer payment plans or a sliding scale. If not, your Provider may refer you to other low- or no-cost services. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.
- Administrative Fees
 - Your Provider may charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are listed in the fee agreement. Payment is due in advance.
- Insurance Benefits
 - Before starting therapy, you should confirm with your insurance company if:
 - Your benefits cover the type of therapy you will receive;
 - Your benefits cover in-person and telehealth sessions;
 - You may be responsible for any portion of the payment; and
 - Your Provider is in-network or out-of-network.
- Sharing Information with Insurance Companies
 - If you choose to use insurance benefits to pay for services, you will be required to share personal information with your insurance company. Insurance companies keep personal information confidential unless they must share to act on your behalf, comply with federal or state law, or complete administrative work.



- Covered and Non-Covered Services

- When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.

- When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.

- Payment Methods

- The practice requires that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

COMPLAINTS

If you feel your Provider has engaged in improper or unethical behavior, you can talk to them, or you may contact the licensing board that issued your Provider's license, your insurance company (if applicable), or the US Department of Health and Human Services.

Client Name (Print) **Client/Guardian Signature** **Date**



REVIVE 180 Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Revive 180 LLC (the “Practice”) is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this “Notice”), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

YOUR RIGHTS

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the address noted below.

To inspect and copy PHI.

- You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee.
- The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

To amend PHI.

- You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications.

- You can ask the Practice to contact you in a specific way. The Practice will say “yes” to all reasonable requests.

To limit what is used or shared.

- You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer.



- You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

To obtain a list of those with whom your PHI has been shared.

- You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.

To receive a copy of this Notice.

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

To choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

To file a complaint if you feel your rights are violated.

- You can file a complaint by contacting the Practice using the following information:
Revive 180 LLC
10071 Crescent Rd, Potosi, MO 63664
Christy Pashia- Owner/Therapist
(573) 438-9800
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- The Practice will not retaliate against you for filing a complaint.

To opt out of receiving fundraising communications.

- The Practice may contact you for fundraising efforts, but you can ask not to be contacted again.

OUR USES AND DISCLOSURES

1. Routine Uses and Disclosures of PHI

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

To treat you.



- The Practice can use and share PHI with other professionals who are treating you.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The Practice can use and share PHI to run the business, improve your care, and contact you.
- Example: The Practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The Practice can use and share PHI to bill and get payment from health plans or other entities.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object

The Practice may use or disclose PHI without your authorization or an opportunity for you to object, including:

To help with public health and safety issues

- Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Serious threat to health or safety: To prevent a serious and imminent threat.
- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.
- Law enforcement: For law locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.



- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests

- Coroners and Funeral Directors: To perform their legally authorized duties.
- Organ Donation: For organ donation or transplantation.
- Research: For research that has been approved by an institutional review board.
- Inmates: The Practice created or received your PHI in the course of providing care.
- Business Associates: To organizations that perform functions, activities or services on our behalf.

3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object

Unless you object, the Practice may disclose PHI:

To your family, friends, or others if PHI directly relates to that person's involvement in your care.

If it is in your best interest because you are unable to state your preference.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

Marketing, sale of PHI, and psychotherapy notes. Revive 180 will never use PHI for marketing or sales.

You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

OUR RESPONSIBILITIES

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.



- The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above.
- The Practice will inform you if PHI is compromised in a breach.

This Notice is effective on date signed below unless otherwise noted on this document.

Client Name (Print)	Client/Guardian Signature	Date
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REVIVE 180 Client Contacts

All contacts listed on this form are authorized to speak to revive 180 regarding scheduling of services and/or emergency related business

Name/Phone: _____ Relationship _____

Name/Phone: _____ Relationship _____

Name/Phone: _____ Relationship _____

Name/Phone: _____ Relationship _____

Name/Phone: _____ Relationship _____

Client Name (Print) **Client/Guardian Signature** **Date**



REVIVE 180 Insurance Form

Primary Insurance Company: _____

Member ID: _____ Policy Group: _____

Plan Name (leave blank if unsure): _____

Policy Holder Name: _____ Relationship to client _____

Policy Holder Birthdate: _____

Policy Holder Address: _____

Policy Holder Phone/Cell Phone: _____

Secondary Insurance Company (If applicable): _____

Member ID: _____ Policy Group: _____

Plan Name (leave blank if unsure): _____

Policy Holder Name: _____ Relationship to client _____

Policy Holder Birthdate: _____

Policy Holder Address: _____

Policy Holder Phone/Cell Phone: _____

I authorize Revive 180 LLC to release information to the insurance companies provided on this form in order to submit insurance claims on my behalf. This authorization extends to the extent necessary to obtain payment for the services provided to me, and includes authorization to release information about mental health, substance use, or HIV diagnoses as required. In consideration of the services provided to me, I assign all benefits to Revive 180 LLC if accepted, and authorize my insurance companies, Medicare, or other third-party payers to make payments directly to Revive 180 LLC and its affiliates. I understand that I remain responsible for all amounts due by me, including (but not limited to) copays, coinsurance, deductible amounts, and all services not covered by my insurance plan (including those for which I fail to obtain prior authorization), and mutually agreed-upon services or fees that are deemed not medically necessary.

Client Name (Print)

Client/Guardian Signature

Date



Revive 180 Counseling Attendance Policy

Welcome to Revive 180 Counseling. We are glad you have chosen us for your counseling needs. We are committed to dedicating time to you for your mental health needs through counseling sessions and it is very important that you are committed to attending your scheduled appointments.

Regarding attendance, we ask the following of our clients:

- Please call 24 hours in advance to cancel or reschedule your appointment. Appointments that are not canceled more than 24 hours in advance, or that you do not attend, may be subject to a NO SHOW FEE.
- If you miss two appointments without calling 24 hours or more in advance within a 6month period your services may be discontinued.
- A pattern of missed appointments (3 within a 90-day period), even if canceled within the 24 hour allotted timeframe, may lead to termination of services and referral to another provider.
- Please arrive on time for all of your sessions. Sessions are generally scheduled for 45 minutes unless prearranged or emergency circumstances warrant the need. If you are late, you will only be seen for the remainder of your appointment time. Client's who are more than 10 minutes late may be subject to cancelation of appointment and reschedule to another date.

Your signature indicates that you have read and understand the Revive 180 Counseling attendance policy:

Client Name (Print)

Client/Guardian Signature

Date



Revive 180 Counseling Client Fee Information

Payment is expected at the time that services are provided.

1. All fees for services rendered are non-refundable.
2. Insurance and income verification must be submitted prior to or upon immediate arrival at the first appointment.
3. The client seeking services or the parent/guardian seeking services for a minor child is responsible for all fees not paid by the insurance provider. This includes fees incurred prior to meeting the insurance deductible and/or fees that are for services not covered or that are in excess of authorized co-payment.
4. By providing your insurance information, you are consenting to allow information regarding diagnosis, treatment plan, and clinical information to be disclosed to your insurance company for the purposes of claim filing and insurance reimbursement.
5. The fee for service without insurance will be based current rates and if applicable a sliding scale rate will be determined on a case-by-case basis. If a fee is set for your service, you will be provided a schedule of fees and will be informed in writing prior to service delivery:
 - a. The amount that you will be charged;
 - b. Any time there is a change in your fees;
 - c. The manner and timing of payments; and
 - d. The consequences of non-payment.
6. Cash, checks, money orders, credit cards, and health savings type cards are acceptable forms of payment.
7. You will be provided a receipt via email anytime fees are paid or refunded.

Your signature below indicates that you have read and understand Revive 180 Counseling Client Fee Policy.

Client Name (Print)

Client/Guardian Signature

Date