Family Counseling Services

1799 N Lakes Place
Meridian, ID 83646
208-888-5905

Welcome to Family Counseling Services! Please fill out this document and let us know if you have any questions. We look forward to partnering with you and your family!

Client Name:	***Date of Birth:***	***Main Phone:***
Parent/ Guardian Name:	***Parent/ Guardian Phone:***	***Parent/Guardian Email:***
Client Address:	***ER Contact Name:***	***ER Contact Number:***
Person Completing this form:	***Relation to client:***	***Do you currently have legal and medical decision-making ability for this client?***

Primary Care Doctor	***Phone number***	***Fax***
Clients School	***Phone number***	***Fax***

Do you consent to receiving appointment reminders by text/phone: Yes __________ No __________

Is there a Custody or Guardianship agreement in place? Yes __________ No __________
**Custody and other legal documents must be submitted prior to the start of service and can be securely faxed to 833-520-4889

<u>Payment Information</u>
To secure your first appointment, the following must be completed

Card Owners Name	Credit card number	Expiration date	3-digit code on back

Medications (Make these in Docusign not a forced choice, but optional)

IS client taking any Meds. YES NO			If yes, please complete the following		
Current Meds	Dosage	When Med is taken	How med is taken	Reason for Med	Prescribing Doctor

Welcome to Family Counseling Services! We understand choosing a health center can be a difficult decision. This document is provided to help you better understand the process of receiving services through our agency, the rights you have as our client, and the limitations of those services through FCS.

This document serves as an ongoing agreement between you and the staff/providers of Family Counseling Services. You may revoke (cancel) this Agreement in writing at any time. That revocation will be binding unless we have already relied on this agreement to act, *or* if your health insurer requires a provider of Family Counseling Services to send information needed to process claims made for your services, *or* if you have not paid your bill in full.

Purpose of Health Services

The staff at FCS strives to foster an environment of collaboration between the provider and the client, working as a team towards implementing healthy goals. You will need to take an active part in your services for them to be effective. The services FCS offers have been shown to have many benefits; however, there are no guaranteed results. It is very likely that at times you will experience difficult feelings. When effective, these services can lead to positive changes in individuals, and families. **Note, that lack of treatment could increase impairment for the client, and refusal of recommended services could put client at direct and imminent risk.** Choosing not to receive recommended treatment could result in decomposition, and a need for treatment at a higher level of care. Not every provider will be a good fit. If there is a desire to end services for any reason, appropriate referrals can be made. You can request referrals by contacting the front office at 208-888-5905.

Methods used

Providers at FCS come from an eclectic background. All providers use evidenced based approaches in their treatment approach, unless otherwise specified. Please speak with your specific provider if you are interested in learning more.

Counseling Services at this time are conducted in the offices of FCS, over secure telehealth, and occasionally outside within walking distance of the FCS office - if the Counselor, Client, and if applicable – Guardian deem outdoor therapy a benefit to client. You do not have to participate in outdoor therapy. The Counselor and client/Guardian will collaborate regarding the benefits, and this approach will only be used with clients/Guardians' permission.

Community Services: may include Peer Support, Family Support, Respite, Behavior Intervention, Case Management, and CBRS. These services are community based and may also be conducted in the FCS BOISE Office, and/or in the local community.

Appointments

Appointments vary in length from 15 minutes to several hours, depending on the service. Your provider will work with you to create an individualized treatment plan that is conducive to your goals and your schedule.

Please be aware, there might be times, when your provider may be unable to start your session on time due to another client in crises. Your provider will communicate with you regarding an alternative plan. There are a limited number of **after school appointments** open, thus accommodations will be given on a first come basis. Please discuss any concerns you have regarding scheduling with your provider.

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The commitment between client and provider is based on mutual respect. Please make every effort to contact the office at least 24 hours in advanced of needing to miss an appointment**. If a client misses two appointments without notifying the office in the time frame specified, they will be taken off that provider's schedule**. If you are more than 15 minutes late for your appointment, your provider may cancel the session.

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Fees, Insurance, and Managed Care

All client fees are due at time of service. If you are utilizing your insurance benefits, FCS will bill your insurance company directly. Note that in the event your insurance provider does not cover your services with FCS, **you will be responsible for all fees**. Many insurance plans are managed care plans. Under a managed care plan, the insurance company periodically requires the provider to submit your diagnosis, progress, and treatment plan to their reviewer. The insurance company then determines if further treatment is medically necessary. **If you have a managed care insurance plan, this information will be released to the reviewers**. If you don't want us to release this information, you can choose not to use your insurance coverage and pay for services yourself at the time of each visit. Please talk with your provider to discuss any fee and/or insurance questions.

Your signature on this agreement authorizes FCS Providers to release confidential information to your insurance carrier for the purposes of verifying benefits, billing, and other requests for information requested by your insurance carrier. It also indicates that you understand that you are responsible for all fees that are not reimbursed by the insurance carrier after the allowed insurance adjustments.

If a client's balance reaches a total of $330 or more, services will be placed on hold, and appropriate referrals will be given, until total balance is paid off. If client/parent/guardian is unable to pay balance, appropriate referrals can be made per client request for other treatment options.

Billing

I understand I have a fiduciary responsibility to resolve any debt to the agency. The agency will undergo reasonable efforts to collect outstanding debts in a timely manner. In the event they are unable to do so, **I understand the balance will be charged to the card on file every 30 days unless payment arrangements have been made. I agree and consider this document legal authorization and consent for the agency to charge the card on file**. If the debt exceeds 90 days and no payment arrangements are made, the account will be referred to collections. I understand and consent to my account information being referred to a collections agency chosen by Family Counseling Services to resolve this debt, along with any identifying information related and needed for the purpose of collecting the debt.

The agency will attempt to contact you by any reasonable means (phone, email etc.). In the event no response is received, the above stated action will be conducted. I also authorize the card on file to be charged and understand outstanding balances may be subject to a 3% interest fee from the date of service until payment is received. I also consent to the card on file being charged the full session amount in the event my insurance does not cover the rendered services.

A $35.00 service charge will be charged for any checks returned for any reason for special handling.

Good Faith Estimate (No Surprise Act)
The following is a detailed list of expected charges for Therapy. The estimated costs are valid for 24 months from the date of the Good Faith

CPT	Description of Procedure - Therapist	Minutes	Fee
90791	Initial Assessment	59 minutes	$210
90832	Individual psychotherapy	<=37	$70
90834	Individual psychotherapy	38-52	$140
90837	Individual psychotherapy	53-75	$210
90846	Family counseling w/o patient	26-52	$210
90847	Family Counseling w/patient present	26-52	$210
	Community Based Services	7-15	$20

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the front office at Family Counseling Services to let them know the billed charges are higher than the Good Faith Estimate. You can request for them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a $25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call the No Surprises Held Desk at 1-800-985-3059.
For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call 1-800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

Collections
If a client's balance reaches $500 and internal attempts to arrange a payment plan have not been successfully designed and/or followed, clients account will be passed on to a collections agency of FCS choosing. Additional fees accumulated due to this process will be clients/guardians' responsibility.

*****My signature below indicates I understand and agree to the terms outlined in the above sections of the FCS Informed Consent.**

Name	Signature	Date

Professional Standards/ Grievances: In addition to following FCS P&P's:
Counselors are required to adhere to the professional code of ethics adopted by the Idaho Counselor Licensing Board. If you have reason to believe your counselor has acted in an unethical manner you have the right to file a complaint in writing to the Idaho Bureau of Occupational Licenses located at 11351 W. Chinden, Building #6., Boise ID 83714, or by phone at (208) 334-3233.

DD Providers are required to adhere to the Professional and Ethical Compliance Code for Behavior Analysts. If you have reason to believe your DD provider has acted in an unethical manner, you have the right to file a complaint with the FCS Clinical Director and/or the DHW. You can file a complaint by contacting Jennifer Browning at Family Counseling Services at 208-888-5905, or contact the Department of Health and Welfare at (800) 926-2588.

All other FCS Providers/Staff are required to follow FCS P&P's. If you have reason to believe an FCS Staff member has been unethical, has mis-treated you, or has not met your expectations in any way, you have the right to file a complaint with the FCS Clinical Director.

You may, at any time seek a second opinion, or request to see another provider. We invite you to communicate with the FCS Clinical Director if you are dissatisfied with any FCS provider. It is our pleasure to serve you. You do have the right to stop services at FCS anytime, for any reason. We want to support you in your goals, and we understand we are not always the best fit. If desired, we would be happy to give you referrals to other centers.

Social Media and Telecommunication
Due to the importance of your confidentiality and the importance of minimizing dual relationships, FCS Providers do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). FCS believes that adding clients as friends or contacts on these sites can compromise client confidentiality and respective for privacy. It may also blur the boundaries of our therapeutic relationship. Questions around this policy can be discussed further with your direct Provider.

Confidentiality and Privacy Practices
FCS uses an electronic health records system, which is Hipaa and HiTech compliant. You may submit a written request to view, or have FCS send/fax printed documents from this record at any time. Please note, it can take up to two weeks to complete requests for documents. All requests must be approved by the Clinical Director and may be subject to custody agreement stipulations. Letters written on behalf of a client of FCS will incur a $20 fee that must be paid up front, plus an additional fee of $90 per hour that it takes to write the letter. This does not apply to any school notes.

FCS does NOT keep emails and/or secure messages sent to and from clients/counselor. These forms of communication are NOT considered part of the client's chart, and thus if requested, the request will not be able to be completed.

Case notes are designed to help the Provider conceptualize the care provided to the client. FCS does not encourage the release of case notes. Instead, FCS will release Treatment Plans, Reviews, and possibly CDA's when appropriate. By signing this form, client and parent/guardian waives their right to access case notes. The only exception to a

case notes request is when the request comes directly from a judge as evidenced by written request with the judges stamp on the subpoena.

Please note: If you are being seen in couples, group, or family therapy, Idaho laws concerning confidentiality are not clear. Family Counseling Services will not release information to other parties without the written permission of all individuals involved in the therapy session, except when allowed or required to do so by State or Federal law, or unless a court order signed by a judge requires us to release information about your case.

Confidentiality

The information you provide while receiving services at FCS is confidential, EXCEPT during the following cases:

- When your provider has reasonable cause to suspect that a child (anyone under the age of 18 years), an elder, or a developmentally disabled, or physically impaired person has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect
- When your provider has reasonable cause to suspect a threat of injury to another, homicide, or suicide, they may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family to protect against such harm.
- During inner-office consultation for collaboration of care, and supervisory purposes.
- Information may be released to parents of minor children who have the legal right to access their children's medical information, unless there is a court order signed by a judge prohibiting one of the parents from access.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a court ordered request is made for information concerning your treatment; your provider is required to provide it, if the request is signed by a judge. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order FCS to disclose information.
- Worker's Compensation/ Social Security: If you file a worker's compensation or SS claim, your provider may be required to give your mental health information to relevant parties and officials.
- If a client files a complaint or lawsuit against any staff at FCS, FCS reserves the right to disclose relevant information regarding that client to defend itself.
- Your health insurance plan has the right to review your FCS records for any services you have asked them to pay for.
- FCS tries to foster collaboration between medical providers and will be in communication with your Primary Care Physician. FCS will fax treatment plans and reviews to PCP's. You may **<u>OPT OUT</u>** of this at any time by informing your Provider.
- As stated above in the section labeled BILLING, if the debt on a client's account exceeds 90 days and no payment arrangements are made, the account will be referred to collections and identifying information will be passed on for the collection agency to contact the responsible party.
- If you have a child participating in the COMMUNITY PROGRAM, FCS does attempt to collaborate with DHW and your child's Case Worker via email. By signing this form, you are giving permission for FCS to send and receive communications from DHW, and Case workers, knowing some of the emails might contain identifying and medical information:

You may choose to engage in electronic communications with your counselor. If you and your counselor choose to do so, it is important for you to understand that confidentiality may be difficult to guarantee in this format. FCS provides clients with a secure portal to use to communicate with their provider. Please use the portal instead of email. Email is NOT secure.

EHR Client Portal
FCS has subscribed to an EHR system (Electronic Health Record). This program allows you to view/update various aspects of your client information chart. You may also choose to contact your Provider through this portal, which is more secure than using email. We discourage the use of regular email and text as they have been shown not to be secure. After your initial phone call, you may request a log in from the Office Manager, to be sent to you to create this portal. It will include a copy of this document, as well as other practice documents.

Court Appearances
At times, a client may ask a counselor to appear in court on their behalf or the behalf of their children. FCS services are primarily a therapeutic and/or professional relationship with the goals focused on growth and healing, with all information shared in session being confidential. Therefore, it is the policy of providers at Family Counseling Services to refuse all requests to appear in court on behalf of any client. In the case that a Provider from Family Counseling Services may be subpoenaed to testify in court an hourly fee of $250 will be assessed, with four hours of services to be paid prior to the court appearance.

*****My signature below indicates I understand and agree to the terms outlined in the above sections of the FCS Informed Consent.**

Name	Signature	Date

Children as Clients
If you are the legal or custodial parent or guardian and are bringing your child into the FCS office for services, you **MUST** stay in the waiting room while services are being provided.

Your signature in this section authorizes FCS to provide health services to my child/the child to which I am a legal guardian, including but not limited to; diagnostic procedures, Mental Health Counseling, Community Based Rehab Services, Case Management services, DD Services, Respite care, summoning emergency services as needed, and as may, in their professional judgment be necessary with and/or without me being present.

I/we voluntarily consent to FCS being the holder of confidential privilege – the right to withhold disclosure of private information about my child within the limits set by the Codes of Ethics listed in this document. However, in the interest of developing a trust relationship between the provider and my/our child(ren), I/we give FCS permission to reveal or withhold information that in his/her professional judgment is necessary to best help and protect my/our child(ren). By signing this document, I attest I am the legal guardian of this client and do hold the legal power to consent to treatments of this nature.

If there is a joint custody agreement regarding healthcare, FCS requests and strongly encourages each guardian to sign the Parental Consent form to document both parents are in agreement of FCS providing services for their child. This form can be obtained at the front desk or through the client portal. Please return it to your Provider after both guardians have signed the form.

The legal parent(s)/guardian(s) may, at any time, submit any exceptions to this agreement in writing to the Clinical Director for consideration. That submission will become active within two weeks of receipt and approval.

In cases where there are legal custody arrangements, FCS asks Parent/Guardian to submit a custody agreement within the first 7 days of first contact – so proper enforcement of agreement can occur within the office of FCS. If no agreement is submitted, information release will be subject to Clinical Directors approval.

The age of consent for medical treatment in Idaho is 14. Thus, any Medical Records requested by parents or guardians of any Client 14 years of age or older, will need to follow FCS procedures including filling out a Release of Information that is also signed by the Client.

Consent to Transport - For Community based services ONLY
(Community Providers ONLY. Providers of Counseling must NEVER transport a client*)*
By signing this form, I authorize Family Counseling Services and its staff to provide transportation for my child to aid in services being directly rendered by FCS. I understand the person I am authorizing to transport my child has a current driver's license and insurance, and liability insurance. I do not hold any staff member of Family Counseling Services responsible if there were to be an accident while transporting.

I understand I can opt out of the agreement regarding giving my consent to transport at any time by submitting a written request to the Clinical Director at FCS.

Client Rights
As a client of Family Counseling Services, you have the right to:

- Humane care and treatment
- Not to be put in isolation
- Be free of mental and physical abuse
- Be free of restraints, unless necessary for the safety of that individual or for the safety of others.
- Voice grievances and recommended changed in policies or services being offered
- Wear their own clothing and retain and use personal possessions
- Be informed of their medical and habilitative condition, of services available at the agency, and the charges for the services
- Reasonable access to all records concerning themselves.
- Practice their own religion
- Privacy and confidentiality
- Refuse services at any time, for any reason
- Exercise all civil and all other rights established by law, unless limited by prior court order.
- Have the right to privacy and confidentiality.
- Receive courteous treatment
- Receive a response from the agency to any request made within fourteen (14) business days.
- Receive services that enhance the clients' social image and personal competencies and whenever possible, promote inclusion in the community.
- Refuse to perform services for the agency.
- Be protected from harm.
- Review the results of the most recent survey conducted by DHW and the accompanying plan of corrections.
- You may leave the premises at any time. You will not be detained against your wishes, unless you are an imminent danger to yourself or others.
- You can expect to receive treatment that is beneficial to you and respects your values.
- You can expect treatment to be free from emotional, sexual, and or physical abuse.
- To have in writing, before entering services at FCS, information about fees, methods of payment, your Providers qualifications and licensure level, insurance coverage, possible length of services, emergency procedures, and cancellation policies.
- Have access to the medical records in your case file at any time (requests for copies, or releases to other entity fall under above stated guidelines).
- To ask questions, at any time, about what occurs during counseling sessions, and to be provided satisfactory answers.

- You have the right to refuse the use of any technique suggested by an FCS Provider.
- Be free from any kind of coercion.

I understand at any time I can submit a written request to opt out of any items within this agreement. I understand opting out of some items may result in possible termination of services. **Note, that lack of treatment could increase impairment for the client, and refusal of recommended services could put client at direct and imminent risk.**

I understand I can receive a copy of this agreement at any time, without incurring a fee. By signing this document, I am giving my consent for treatment and agree to all stipulations presented within the entirety of this document.

Please initial following sections that correspond with FCS Informed Consent – stating that you understand and agree to the terms outlined in those sections of the FCS Informed Consent – that was sent with this packet.

*****My signature below indicates I understand and agree to the terms outlined in the above sections of the FCS Informed Consent.**

Name	Signature	Date

Family Counseling Services - Tele-health Informed Consent

<u>Introduction of Tele-Health:</u>

As a client receiving services through tele behavioral health technologies, I understand:

1. Tele behavioral health is the delivery of behavioral health services using interactive technologies (use of audio, video, or other electronic communications) between a Provider and a client/patient who are not in the same physical location.
2. The interactive technologies used in Tele-Health incorporate network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

<u>Software Security Protocols</u>

1. Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.
2. Neither the Provider, or client has permission to record any session, use any kind of video recording equipment, or voice recording equipment.

<u>Benefits & Limitations</u>

1. This service is provided by technology (including but not limited to video, phone, text, apps, and email) and may not involve direct face to face communication.
2. There are benefits and limitations to this service.
    a. Technology Requirements: Client will need access to, and have familiarity with, the appropriate technology to participate in the service provided.
    b. FCS uses Doxy.me for HIPPA and Hitech Tele-health platform
    c. Client will need access to a computer, and the internet
    d. Safe/secure/private environment

Exchange of Information

1. The exchange of information will not be direct, and any paperwork exchanged will likely be provided through face-to-face interactions by Client/Parent/ Guardian coming in-person to the FCS office.
2. During Tele-Health services, details of your medical history and personal health information may be discussed with you or other behavioral health care professionals using interactive video, audio or other telecommunications technology.

Local Practitioners

If a need for direct, in-person services arises, it is the Client/Parent/ Guardians responsibility to contact the main office of Family Counseling Services at 208-888-5905, or your Primary Care Physician.

Self-Termination

You may decline any Tele-Health services at any time without jeopardizing access to future care, services, and benefits.

Risks of Technology

These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

Modification Plan

The FCS Provider I will regularly reassess the appropriateness of continuing to deliver services through the use of technologies we have agreed upon today, and modify our plan as needed.

Disruption of Service

Should service be disrupted the FCS Provider will call you to reschedule your session, once communications via phone have become available.

Practitioner Communication:

1. My practitioner may utilize alternative means of communication in the following circumstances:

- Telephone
- Secure Messaging through the FCS Client Portal

2. My practitioner will respond to communications within 48 business hours.

Client Communication

1. It is the Clients responsibility to maintain privacy on the client end of communication.
2. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.
3. Client agrees to take the following precautions to ensure that communications are directed only to the FCS Provider(s)
4. or other designated individuals

Storage

My communication exchanged with my practitioner will never be recorded and session notes will be stored in FCS's Electronic Health Records System. This system is both Hippa and HiTech compliant.

Laws & Standards

The laws and professional standards that apply to in-person behavioral services also apply to telehealth services.

This document does not replace other agreements, contracts, or documentation of informed consent.

Fees, Insurance, and Managed Care

Not all insurance companies will reimburse for Tele-Health services. It is up to the Client to discuss fees with their specific insurance provider. If Insurance does NOT cover Tele-Health, the client will be charged for these sessions. Tele-health fees are the same as in-person service fees. See above. Please talk with your provider to discuss any fee and/or insurance questions.

Emergency Protocol

In the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:

For emergency situations – Please list your ER contact. By giving us the name and phone number of this person, you give the Providers at FCS the permission to call if the FCS Provider deems there is an emergency.

*****My signature below indicates I understand and agree to the terms outlined in the above sections of the FCS Informed Consent.**

Name	Signature	Date

Tele-health Sign-in Instructions

1. Review FCS Clinic Tele-health Informed Consent, sign and return to the office.
2. Schedule an appointment with your counselor by calling the front office at 208-888-5905.
3. Prior to your session Counselor will email you a link from Doxy.me
4. Click on the link and it will open the program. If audible is not working, you will be able to text through this program. Nothing is being recorded.
5. It is encouraged that you are in a private room, where interruptions would be kept to a minimum as we want to ensure you get the best services possible.
6. We are not able to conduct sessions if you are in a public setting such as a coffee shop, library, or other environment where others may overhear your conversation with your Provider.

Advocacy Service Information

At Family Counseling Services we like to foster an environment of partnership. The following are agencies that can help in your journey through advocacy and service.

Disability Rights of Idaho	**Address:** 4477 W Emerald St Ste B100, Boise, ID 83706 **Phone:** (208) 336-5353
Idaho Parents Unlimited	4619 W Emerald St Ste E, Boise, ID 83706 · ~7.3 mi (208) 342-5884
Idaho Federation of Families	**Address:** 704 N 7th St, Boise, ID 83702 **Phone:** (208) 433-8845
Nami	**Address:** 4696 W Overland Rd Ste 272, Boise, ID 83705 **Phone:** (208) 376-4304

Idaho Suicide Hotline	**https://www.idahosuicideprevention.org/** 1-208-398-4357
National Autism Center	http://www.nationalautismcenter.org
Boise Self-Help Rescue Manual	Google this and it will bring up information to help connect you to other possible supports

Statement of Understanding:
I understand at any time I can submit a written request to opt out of any items within this agreement. I understand opting out of some items may result in possible termination of services. **Note, that lack of treatment could increase impairment for the client, and refusal of recommended services could put client at direct and imminent risk.** I understand I can receive a copy of this agreement at any time, without incurring a fee. By signing this document, I am giving my consent for treatment and agree to all the stipulations presented within the entirety of this document.

By signing this document, you are stating you understand that you can submit a written request to opt out of any items within the FCS Informed consent at any time without incurring a fee. By signing this you are giving your consent for treatment and agree to all stipulations presented within the entirety of the FCS Informed Consent.

Person/People filling out this form:

Name:	**Relation to the client:**
Signature:	**Date:**

Name:	**Relation to the client:**
Signature:	**Date:**

Name:	**Relation to the client:**
Signature:	**Date:**

Name:	**Relationship to client:** FCS Admin
Witness Signature:	**Date:**

Electronically signed by individuals listed above.