



Family Counseling Services

1799 N Lakes Place Meridian, Idaho 83646

Policies Acknowledgement

Please **INITIAL** the following sections stating that you have read through, understand, and agree to the terms as outlined in the Family Counseling Services **Informed Consent**:

Item	Initials
I have received a copy of the Confidentiality and Privacy Practices . I understand this document provides an explanation of the ways in which my health information may be used or disclosed by Family Counseling Services and of my rights with respect to my protected health information.	
I have read and understand the No Show/Cancelation Policy . If a client misses two (2) 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.	
I have read and understand the section outlining Client's rights . I understand I can request a copy of this information at anytime without charge.	
I have read and understand FCS's policy on Court Appearances	
I have read and understand the policies regarding Fees, Insurance, and Managed Care . I understand payment is due at the time of service. I understand I am responsible for all fees in the event my insurance provider does not cover my services. I understand balances over \$500 could be sent to collections.	
I read and understand the Billing/Credit Card agreement. I understand outstanding balances will be charged to the card on file. I agree and consider this document legal authorization and consent for the agency to charge the card on file.	
I have read and understand FCS's policies on Social Media	
If applicable: I have read and understand the information provided regarding Telehealth services , including the potential for disruption of services, risks of technology, and benefits and limitations of telehealth services.	
If applicable: I have read and understand the policies regarding Children as Clients (only for clients under 18). <i>Includes consent to transport for clients receiving DD services</i>	
Optional: I have read and understand my privacy and security options regarding Electronic Communications , such as email. I give FCS permission to use email to communicate with me, return emails, send electronic receipts, ect., knowing it is not secure. Emails can be sent to _____	

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.

Client's signature (14 and over):	Date:
Guardian's signature (If child is client):	Date:
Witness printed name:	
Witness signature:	Date: