

## **Informed Consent for Outpatient Treatment**

**Your Rights:** As a client of H.A.L.O. Educational Systems LLC, you have several rights. You have the right to:

- Decide not to participate in specific types of services, and to decide to terminate services.
- A safe environment, free from emotional, physical, and sexual abuse.
- Be treated with respect by self, staff, and other clients.
- Be free from discrimination from self, staff, and other clients, including but not limited to racial, sexual, religious, age, gender, or economic discrimination.
- Complete and accurate information about your treatment including goals, methods, potential risks and benefits, and progress.
- Information about the professional capabilities and limitations of any professional involved in your treatment.
- Receive treatment from trained and qualified professionals.
- Written information about fees, payment methods, and lengths and duration of sessions and treatment.
- Be informed about the limits of confidentiality, the situations in which your counselor and/or the agency is legally bound to disclose information to outside persons or agencies, and the types of information that will be disclosed.
- Know if your counselor will discuss your case with supervisors or peers.
- Request the release of your clinical information to any agency or person that you choose.
- Be referred to appropriate community services, based on individual needs, as we are able to identify them.
- If you are asked to leave the program, to know why you are being asked to leave and what conditions you must meet in order to return to H.A.L.O. Educational Systems, LLC.
- You have the right to cancel 24-48 hours prior to a scheduled appointment.

**What to expect from the H.A.L.O. LLC, Program:** Individual and group Counseling. It is a process in which you work with a counselor in order to resolve problems and meet agreed upon goals. Counseling is not like a visit to a medical doctor. Rather, it calls for a *very active effort on your part*. In order for counseling to be most successful, you will have to work on things that are discussed both during sessions and at home. Counseling can have risks and benefits. Counseling often involves discussing unpleasant aspects of your life and you may experience uncomfortable feelings as a result. However, counseling has also been shown to help individuals resolve specific problems and reduce feelings of distress.

**Appointments:** Our time will normally be 50 minutes and are scheduled based upon your needs. We ask that you be on time for appointments. If you need to cancel or reschedule an appointment, please contact your counselor as soon as possible. If you do not show up for two (2) sessions in a row, your counselor may terminate services. **We will bill you for missed appointments** that have not been canceled or rescheduled at least 24 hours in advance at your normal session rate. **All cancellations must be done by phone call ONLY, No e-mail or texting.**

**Drug Screening:** As part of your program clinicians have the option of performing oral fluid testing both in person and/or remotely during your routine telemedicine visits. In partnership with our lab Aegis, we mail the kit directly to you. You and a member of the HALO team will complete instructions on administration. Your package will include a return mailer pack you can drop in the mailbox for USPS pickup. HALO clinicians will be observing the oral fluid collection via the video platform.

**Fees and Payment:** Payment of fees for services is expected on the day that services are delivered. HALO participates in most insurance plans. We provide services based on a sliding fee scale. Depending on program service, standard pricing ranges from **\$65.01** fee to **\$159.87** per session. Although we will not refuse services to any eligible person because of an inability to pay in full, we ask that you make payment plan arrangements with a member of financial department and any balance must be paid in full prior to receiving additional services unless special arrangements are agreed upon with your counselor.

**Dual Relationship Disclosure:** HALO has various clinicians; however, it is our ethical responsibility to disclose in writing that the managing director's daughter is employed at HALO in the financial department.

**H.A.L.O. accepts VISA, MASTERCARD, and DISCOVER.**

Individuals referred to H.A.L.O. Educational Systems, LLC. for a DWI/DUI service plan must have a **ZERO** balance before completion paperwork will be sent to the State.

**Confidentiality:** The confidentiality of client records maintained by H.A.L.O. Educational Systems, LLC. is protected by federal law and regulations. Generally, we may not say to a person outside of this agency that a client receives services here, or disclose any information identifying a client as an alcohol or other drug abuser. The exceptions to this include (a) permission granted to \_\_\_\_\_, \_\_\_\_\_ (relationship) (b) if the disclosure is permitted by court order, (c) the disclosure is made to medical personnel in a medical emergency, or (d) to report suspected child abuse and neglect or suspected elder or incapacitated adult abuse, neglect, or exploitation.

Violation of the federal law and regulations by this agency is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal guidelines. Federal law and regulations do not protect any information about a crime committed by a client either on HALO property, against any person who works for H.A.L.O. LLC, or any threat to commit such a crime. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR part 2 for federal regulations)

**Consultation and Supervision:** Each counselor at H.A.L.O. Educational Systems, LLC participates in regular clinical supervision and peer case consultation with clinicians who are bound by the same standards of confidentiality. The goal of this supervision and consultation is to provide the most effective and helpful services to our clients and to continually improve our skills as clinicians.

**Treatment Records:** The laws and standards of professional counseling mandate that we keep records of your treatment. You have the right to receive a copy of your record, or we can prepare a summary of your treatment for you instead. Due to the professional nature of these records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you arrange to do so in the presence of your primary counselor so that the contents can be discussed. *We reserve the right to withhold the release of your records to outside agencies if you have an outstanding balance.*

**Emergency Services:** Your counselor’s regular office hours are \_\_\_\_\_. In the event of an emergency when your counselor is not available, you can call 603 359-3321 or These supports are available to you 24 hours a day, 7 days a week. **Hotline at 800-639-6095 or Suicide Hotline 800-273-8255 WCBH Emergency Services 1-800-564-2578. DHMC Emergency 1-800-556-6249.**

**Consent to Contact:** I grant permission to receive – (Please circle best means of communication)

Phone - Voicemail | Text | Email as separate consent is required for telehealth services.

**We will NOT correspond via text other than appointment reminders.**

**Signed Consent for Treatment:** By signing the agreement below, you are confirming services and responsibility to pay for all services rendered and additionally that you have read and agree to all conditions stated above.

**“My counselor and I have agreed that I am responsible for all fees. I agree to pay \$\_\_\_\_\_ per session. I am authorizing my \_\_\_\_\_ insurance/ CARD to be billed. If applicable, Insurance cards will be photocopied. I have read and/or had explained all of the preceding statements. I understand my rights and responsibilities for the services rendered by H.A.L.O. LLC. I agree to these conditions of my counseling as provided in this agreement.”**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date