



CONSENT FOR TREATMENT: I hereby give my permission for the client to be evaluated by means of interview, evaluation, psychological testing, or psychiatric examination, as recommended by a licensed mental health professional at AR NextStep Counseling Services. I further authorize treatment that may be necessary that may include individual, family, and/or group therapy, paraprofessional services, and/or other interventions as may be prescribed by the treatment team. I understand that I am an integral part of the treatment team and share responsibility for determining my treatment modalities. I understand that if at any time I have questions about my treatment, I can direct those questions to the assigned mental health professional.

COST OF SERVICES: I understand that I am personally responsible for the cost of services that the client will receive from AR NextStep Counseling Services and that I may use a third-party source or contractual agreement to satisfy my bill. In the event I am not eligible for a third-party pay source, or AR NextStep Counseling Services does not collect from the third party, I understand that I am personally responsible for the cost of these services. Charges will include non-direct time, such as report writing, treatment planning, interpreting tests, etc.

TRANSPORTATION: I authorize AR NextStep Counseling Services staff to transport the client to and from scheduled appointments. I also authorize staff to communicate in minimum ways with individuals as necessary to facilitate transportation (such as, but not limited to informing school staff or an approved adult authorized to give consent regarding a minor child).

SCHOOL BASED SERVICES: I authorize AR NextStep Counseling Services staff to provide mental health services at the client's school, head start, or other early intervention program location as necessary to provide effective and consistent services.

OBHS SERVICES: Outpatient Behavioral Health Services include medication evaluation and management, mental health professional services (therapy), mental health paraprofessional services, and/or psychological services. AR NextStep Counseling Services is a certified OBHS provider which means that we provide Outpatient Behavioral Services to persons who have been assessed as meeting the criteria for medically necessary services. OBHS are available to all Medicaid and Medicaid eligible (who have applied) recipients if they are determined through independent assessment to meet the criteria for Tier 1, 2, or 3 services. These persons currently have, or at any time in the past year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM 5 (other than v codes), substance abuse or developmental disorders (including pervasive developmental disorders and mental retardation, which are excluded unless they co-occur within another diagnosable condition). These services are provided with the goal of returning the client back to their original level of functioning. OBHS services must be medically necessary and may be discontinued at any time by the client. If you wish to file a complaint, you may contact the AR NextStep Counseling Services Grievance Officer at 870.277.4357. Further, you may contact the Arkansas Division of Behavioral Health Services (by phone at 501-682-1001 or The Joint Commission by calling 800-994-6610).

ENROLLMENT IN AR NEXTSTEP COUNSELING SERVICES OBHS SERVICES: In making this choice, I understand that my previous OBHS Provider (if applicable) will no longer be authorized to provide mental health services except to the extent these future services may be authorized by newly chosen OBHS Primary Provider.

ALTERNATIVE TREATMENT MODALITIES: I understand that AR NextStep Counseling Services staff provide services that are based upon published treatment guidelines. In keeping with research findings, AR NextStep Counseling Services provides a wide array of services which includes but is not limited to medication management I understand that alternative options may exist which are not available at AR NextStep Counseling Services. I understand that if I am interested in alternative treatment options, I can discuss referral options with a AR NextStep Counseling Services mental health professional, supervisor, or physician.

CONFIDENTIALITY: I understand that the Information and materials obtained during therapy, evaluations, consultations, or other mental health services will be treated confidentially by AR NextStep Counseling Services staff, subject to the following limitations:

- You provide a release of information in writing;
- Your insurance carrier requests information to assist in payment for services (third party payers such as Medicaid, Medicare, Private Insurance, etc.);
- Court order or HIPAA order is presented;
- Information must be released by mental health professionals in response to legal requirements to report suspected child abuse or abuse of an impaired adult, suicidal or homicidal Intent;
- Appointment reminders in whatever means you choose;
- To coordinate necessary treatment with other health providers;
- To conduct necessary consultation and/or supervision (either as required by state licensure guidelines, educational program, or the clinician's assessment);
- As otherwise required by law.

Consent to Receive Messages from AR NextStep Counseling Services

I authorize AR NextStep Counseling Services to contact me by SMS text message, phone call, email, facsimile, or other communications media to serve me better. AR NextStep Counseling Services will send me messages to help me or my child stay healthy, that include timely reminders about upcoming appointments.

I understand that message/data rates may apply to messages sent to me by AR NextStep Counseling Services to my cell phone.

I may opt-out of receiving these communications from AR NextStep Counseling Services at any time by calling (870) 277-4357 or notifying AR NextStep Counseling Services staff.

CONSENTS. I hereby agree to and acknowledge receipt of information pertaining to the confidentiality of my records, Notice of Privacy Practices, Client Rights and Notice of 24-hour Access.

Client Signature: _____

Date: _____

Guardian Signature: _____

Date: _____