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Las Vegas, NV 89147

CONSENT TO TREAT/ AGREEMENT FOR THERAPY SERVICES/ OFFICE PROCEDURES

Welcome to Live Happy Counseling Services, LLC. This document contains important information about Live Happy Counseling, LLC professional services and business policies. We are governed by various laws and regulations and by the ethics codes of our profession. The ethic code requires that we make you aware of these office policies and how the procedures might affect you. Please take time to read thoroughly and have any questions ready to discuss with your clinician.

CONSENT TO TREATMENT: By signing Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive a mental health assessment, and/or treatment and services for myself (or my child if said child is the client), and I understand that I may stop such treatment or services; at any time. The permission is given with the understanding that Live Happy Counseling is to enhance personal growth and to facilitate healthier relationship with better communication within the family. Treatment services may consist of psychotherapy, and teaching life skills to assist individuals in dealing with personal, relationship or family issues. Such issues may be depression, anxiety, grief and loss, anger management, parenting skills, confidence building, blended families, LGBT sensitive issues, divorce, serious mental illness, personality disorders and many more.

TREATMENT SERVICES PROVIDED:

- **Clinical Assessments:** Comprehensive Mental Health Assessments, CASII, and LOCUS are completed to help determine appropriate diagnosing and level of care needed. These tools help determine if there is severe emotional disturbances or mental illness present. These assessment help determine the recommended course of treatment and treatment modalities that would be beneficial. Information obtained in these assessments will be shared with legal guardian, and identified members of the treatment team as well as insurance providers if necessary.
- **Psychotherapy:** At Live Happy Counseling these therapy services are provided by Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, Certified Professional Counselors, Licensed Drug and Alcohol Counselors, or Licensed state interns. Sessions can occur in office, home or a community based setting. Your clinician will get to know you (your family or child) and develop the best means to facilitate therapy that will be most effective for you. Treatment modalities include Individual, Family, and Group therapy

1. _____ initials

PROCESS OF THERAPY AND POTENTIAL RISKS:

Participating in therapy can provide many benefits such as including resolution of the issues that lead you to treatment, improved personal relationships with others, and higher confidence in self. However, to obtain all of these benefits it requires effort on your part. To achieve positive changes with therapy requires work from the client, not only in session but consistently throughout their day. Therapy requires the client to be open and honest, and be engaged in sessions.

RISKS: It is important to remember that the therapeutic process occurs at different rates for different individuals depending on various factors. While working hard toward achieving your goals it might be necessary to talk about some topics that cause some negative feelings that can be painful. Some topics might cause discomfort, anger, depression, insomnia, worry or fear. Live Happy Counseling may challenge some of your assumptions and perceptions or pose a different way to look at the topic, which could cause you to feel upset, angry, disappointed or challenged. We encourage you to communicate such feelings with your clinician, so treatment options can be disused. We also ask that you do not terminate treatment without having a final meeting with you clinician in order to ensure proper closure or to provide you with the necessary referrals.

YOUR RIGHTS AS A CLIENT:

- You have a right to be informed of the qualifications of your counselor: education, experience, professional counseling certifications, and license(s).
- You have a right to receive an explanation of services offered, your time commitments, fee scales, and billing policies prior to receipt of services.
- You have a right to be informed of the limitations of the counselor's practice to special areas of expertise
- You have a right to have all that you say treated confidentially and be informed of any state laws placing limitations on confidentiality in the counseling relationship.
- You have a right to ask questions about the counseling techniques and strategies and be informed of your progress.
- You have a right to participate in setting goals and evaluating progress toward meeting them.
- You have a right to be informed of how to contact the counselor in an emergency situation.
- You have a right to request referral for a second opinion at any time.
- You have a right to request copies of your mental health assessment.
- You have a right to receive a copy of the code of ethics to which your counselor adheres.
- You have a right to contact the appropriate professional organization if you have doubts or complaints relative to the counselor's conduct.

YOUR RESPONSIBILITIES AS A CLIENT

- Set and keep appointments with your therapist. Let him or her know as soon as possible if you cannot keep an appointment.
- Pay your fees in accordance with the schedule you pre-established with the therapist.
- Help plan your goals.
- Follow through with agreed upon goals.
- Keep your therapist informed of your progress towards meeting your goals.

2. _____ **initials**

LIMITS OF CONFIDENTIALITY:

All information disclosed in session and in written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law. Some exceptions that are governed by law are:

- ~ If there is reasonable suspicion of abuse, neglect, or exploitation of a child, elderly or disabled person
- ~ If there is a court order issued for records
- ~ If client or another individual is in clear imminent danger

If you threaten to harm yourself, someone else, or the property of others your clinician is required by law to contact the proper authorities and take reasonable steps to warn the potential victim and prevent the threatened harm. In such an instance only minimal information will be given to appropriate authorities contacted to ensure the safety of yourself and others.

Additionally, when submitting claims to insurance carriers such information such as diagnosis, symptoms and treatment progress must be included to obtain authorization for services and to continue.

CANCELLATION OF APPOINTMENTS:

Appointments are mutually agreed arranged between you and your clinician. In order for treatment to be effective, appointments need to be consistent. If you are unable to make your scheduled appointments please contact your clinician 24 hours prior to your scheduled session. There is a \$50 fee for no-show appointments or cancellations with less than 24 hour notice.

AFTER HOUR EMERGENCIES:

In the event of a medical or psychiatric emergency call 911. If you leave a message with the agency after hours that you are in need of immediate attention your call will be returned as soon as possible (within the first business day) to arrange an emergency session.

FEES:

A person fee scheduled will be determined between you and your clinician. Live Happy Counseling will submit claims to insurance panels we are affiliated with on your behalf. Please note that not all claims are accepted by insurance carriers. In this event it is the responsibility of the client, or legal guardian to make arrangements for unpaid claims. Please note that Live Happy Counseling will take due diligence in verifying insurance benefits prior to treatment.

Cash pay and sliding scale fees are an option. Please speak to your clinician regarding this.

3. _____ initials

HEALTH INSURANCE AND CONFIDENTIALITY OF RECORDS:

The health Insurance and Portability and accountability Act of 1996 (HIPAA) is a federal law that is designed to protect the privacy of patient information, provide the electronic and physical security of health and patient information, and simplifying billing and other electronic transactions by standardizing codes and procedures. A piece of law recently took effect and is known as the HIPAA Privacy Rule. The HIPAA Privacy Rule crates minimum federal standard for the use and disclosure of Protected Health Information (PHI) by health organizations. One of the requirements of the Privacy Rule is that we give to you a Notice of Privacy Practices (NPP) that describes your rights and protections regarding your health care records (PHI)

~ I have reviewed and understand Live Happy Counseling’s HIPAA Policies and Notice of Privacy Practice.

~ I have read and above agreement and office policies and general information carefully. I understand and agree to comply with them.

I _____ am consenting to move forward with therapeutic treatment with Live Happy Counseling.

Client name _____
Date

Client signature/ Legal Guardian signature _____
Date

Legal Guardian name/ Relationship to client _____
Date

Guardian Name: _____ Phone Number: _____

Address:

Caregiver Name: _____ Phone Number: _____

Address:
