

Informed Consent For Assessment And Treatment

The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I understand that a range of mental health professionals, some of whom are in training, provides services. All professionals-in-training are supervised by licensed staff. I understand that while psychotherapy and/or medication, may provide significant benefits, it may also pose risks. Psychotherapy may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. Medications may have unwanted side effects.

I agree to the following (please check mark the required sections):

- ☒ I authorize ViaQuest to bill my insurance and release pertinent information to my insurance carrier. I understand that I am liable for all co-pays, deductibles, and any fees unpaid by insurance for any reason and am responsible for understanding my benefit plan.
- ☒ I understand that payment of all fees is due at time of service. I authorize ViaQuest to review my financial information and verify that I have provided correct and complete documentation regarding income and household occupants to qualify for a sliding fee rate. I understand that services may be billed in 30 minute increments, rounded to the closest ½ hour but cannot be for less than the minimum charge regardless of length.
- ☒ I would like to receive applicable services via secure/confidential, real-time videoconferencing technology and can opt out at any time throughout treatment. I understand that confidentiality is ensured as long as the videoconferencing equipment is utilized at a site arranged by ViaQuest. In the event of equipment malfunction/failure or the internet connection becomes lost or disrupted during the course of a videoconferencing session I understand that the facility/location contracting with ViaQuest is contractually obligated to have a telephone accessible in the consultation room in order for the visit to continue until the internet connection is reestablished. In addition, the facility/location is obligated to have a person available who is familiar with the operation of the videoconferencing equipment in the event of a problem with the operation.

I acknowledge that receiving interactive videoconferencing comes with limitations including:

- Receiving clinical interactive videoconferencing that can change the clinical aspects of receiving treatment,
- Security considerations (ex: technical difficulties during session, no physical presence during clinical treatment) when receiving treatment services via interactive videoconferencing, and
- As we follow confidentiality and HIPAA requirements there is always a risk with interactive videoconferencing.

My personal identification number will be the last four digits of my social security number. For each session via interactive videoconference I will state my name, show my driver's license/state ID and state my personal identification number prior to services being delivered to ensure privacy and security rules.

- ☒ I authorize ViaQuest to contact me via email, videophone, or text message for scheduling purposes only.
- ☒ I have read and understand the above. I understand that I may stop treatment at any time. I consent to participate in the evaluation and treatment offered to me by ViaQuest.

Acknowledgment by Client or Personal Representative of Receipt of Handbook & Notice of Privacy Practices

I acknowledge receiving or being offered a copy of the Handbook and Notice of Privacy Practices (NPP) given to me by VPBS.

I understand this NPP explains how VPBS is permitted to Use and Disclose my Protected Health Information and that the Handbook outlines applicable policies and expectations of receiving services from VPBS.

I understand I should keep the Handbook and NPP and refer to it if I have questions.

OFFICE STAFF USE ONLY IF ACKNOWLEDGMENT NOT SIGNED

The following attempt(s) were made to obtain a written Acknowledgment of Receipt:

- ☐ Handbook and NPP given to Individual, who refused to sign.
- ☐ Handbook and NPP was mailed to Individual's home address as stated in records.
- ☐ Handbook and NPP was mailed to an alternate address, at Individual's request.
- ☐ Handbook NPP was faxed or emailed to Individual, at Individual's request.

Other reason(s) why written acknowledgment not obtained:

Print Name

Signature

Guardian Signature* (if applicable)

Witness

Date of Birth

Date

Date

Date