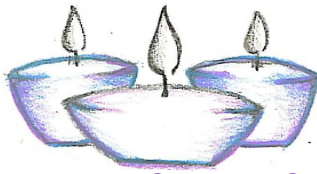


# Extrordinary Counseling



*"Your Lights to the future"*

## EXTRORDINARY COUNSELING SERVICES INFORMED CONSENT

Below are listed some important facts regarding your treatment and services at Extrordinary Counseling Services. If you have any questions, please ask your counselor.

**Services Provided :** Extrordinary Counseling provides psychological, counseling, and case management services, including diagnostic assessments, treatment planning, psychological testing, consultations, individual, group, and family counseling, individual and family psychotherapy, substance abuse counseling and information & referral.

**Session Length:** A session lasts up to 1 hour.

**Fee Information:** Because you have been referred by Extrordinary Counseling, all fees are paid either by Extrordinary Counseling or your Medicaid or other type of Health Insurance (except if you have insurance co-pay).

**Payment of Fees:** If your health insurance requires a co-pay, you will be responsible for paying the co-pay prior to each session starting.

**Cancellation Policy:** If you need to cancel an appointment, please notify this office as soon as possible. A missed appointment without 24 hour cancellation notice is subject to a cancellation charge. Two missed appointments may result in termination of services. You may cancel by calling (210) 632-8966 or you may call your therapist directly.

**Confidentiality:** All information and records will be kept confidential, and will be held in accordance with state and Federal (HIPAA) laws regarding the confidentiality of such records and information. However, records and/or information will be released regardless of consent under the following circumstances:

1. According to state and local laws, counselors must report all cases of physical and or sexual abuse or neglect of minors or the elderly to the appropriate agency;
2. According to state and local laws, counselors must report all cases in which there exists a danger to self or others to the appropriate agency;
3. When authorized by the recipient of services in order to process medical insurance claims and to authorize payment of benefits;
4. In the event that a patient is in need of emergency services and other medical personnel need to be contacted;
5. In the event that your record may be subpoenaed by court;
6. If you are being referred by either Bexar County Adult Probation or Juvenile Probation, all of your treatment records will be shared with your Probation Officer. With your consent your therapist or other assigned Extrordinary Counseling staff may also talk regularly with your CPS case worker regarding your treatment at Extrordinary Counseling. BCJP Contract management staff will review your records at Extrordinary Counseling Services.

**Right to Access Records:** Adult clients, legal guardians of minors, including managing and possessory conservators, have the right to access the record of the services provided to them at Extrordinary Counseling Services.

**Treatment of Minors:** Treatment of children under 18 years of age will be provided only with the consent of the legal guardian. By signing this consent form, the client acknowledges that he or she is the legal guardian (as established by the state or by divorce decree) of any minor presented for treatment.

**Authorization to Release Information:** I hereby give authorization to release any information necessary to process medical insurance claims and authorize payments of benefits to the therapist for services rendered. I also give permission to release any information regarding my treatment /caser that may be requested by Bexar County Juvenile Probation.

**Grievance/Complaints:** If you are unhappy with the services you are receiving, please notify the LPC Board at (512) 834-6677 and report your concern.

**I have read and understand this statement of informed consent. I consent to treatment at Extrordinary Counseling Services with the knowledge of the above conditions.**

\_\_\_\_\_  
Client / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date