



Introduction to Healing

"What to Expect During Your First Visit"

First, thank you. Thank you from our hearts for choosing us for this awesome chapter of your life.

Right now, stop & recognize yourself for your strength. Making the decision to better yourself is by far one of the bravest decisions anyone can make, so be proud of yourself. You've done what most will never have the courage to do. Starting now, this is your time... It's about you, so hold your head up high. Our #1 goal is to be as amazing as the choice you've made.

You are now part of a culture that operates by a "Standard of Care". In our experience with the "Behavioral Health" field, there exists a vast grey area. At ARISE you will always know Why we do this, How we do it, & What to expect.

We've identified a few keys to help you navigate your first visit based on years of client interactions.

- We will never ask you to tell us about yourself without explaining who we are first.
- It's perfectly normal to be a little nervous. Just like any new relationship, this is a good sign. You're human.
Cool, us too. Pro Tip – Focus on the fact that you are here for you & we are here for you. We'll make you as comfortable as we can.
- Counseling is your time. Talk about whatever you want! Most people have a specific issue or concern they want to talk about in counseling but If you're not sure yet what that is, that's ok, we've got you covered. Some common themes we've found helpful to talk about are: getting to know you, challenges you're having in general, anxiety concerns, work/life balance, relationship topics, & family dynamics.
- Your Counselor might take notes and ask you questions about yourself and your life. Some examples are: What would you like to achieve from this experience? How do you feel in this moment? Who is most important to you? What does your typical day look like? What's your sign? (Just Kidding)... We'll also work together to develop your treatment goals. Let us know if there are specific issues you would like help with. This experience is all about self-awareness & self-discovery. Sometimes navigating rough waters can be challenging. You show us the destination & we'll steer the boat.



Standard of Care

- **Always Provide a Clear Definition of Our Practice**
- **Provide a Safe, Comfortable & Confidential Space for Healing**
- **Qualified Professionals Practicing Result-Driven Methods**
- **Consistent Experience for Every Client Every Time**
- **Focus on Equality between Client & Professional**
- **Professionalism, Courtesy, & Respect for All**
- **Utilization of Techniques Based on Result-Driven Methodologies**
- **Creation of a Clear & Easily Explainable Pathway of Healing**
- **Goal of Measurable Healing & Ongoing Support**
- **Respect For All Ideologies, Beliefs, & Values**
- **Consistent Focus on an Authentic & Empathetic Interaction**
- **Respect For each Client as an Individual Having an Individual Experience**



Client Information

At Arise, we want to learn about You from You. Please feel free to share any information about your identity to facilitate the best healing experience.

Name: _____ DOB: _____

Preferred Name or Nickname: _____

Parent/Guardian Names (Minors Only): _____

Additional Identifying Information: _____

Best Contact #'s: _____

Home & Mailing Address _____

City _____ State _____ Zip _____

Email (Parents/Guardian for Minors): _____

Emergency Contact Name, Phone, Relationship _____

Ok to contact you by phone, text, and/or email? Yes No

OK to leave message? Yes No

How did you hear about us? _____



Informed Consent for Assessment and Treatment

Introduction

Welcome! I look forward to the opportunity to meet with you. Please review the information below carefully and make note of any questions you have. We can discuss these at our next session. In addition to informed consent, this form also contains information about the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is a federal law that addresses the protection of your protected health information (PHI). After reading this form please initial and sign to indicate that you fully understand & agree to the agreement made between us.

Psychotherapy Services

Psychotherapy is based on a respectful and mutually collaborative relationship. Over the first few sessions I will work with you to identify your goals for treatment and I welcome any questions or concerns you may have. Finding the right “fit”, is a very important part of counseling. If at any time you feel I am not a good “fit”, you have the right to terminate counseling. Additionally, if I feel that as a Licensed Professional Counselor your needs may be better addressed by a professional who specializes in a various concern or type of therapy, I will give you a recommendation and/or referral. During the process of psychotherapy, I may draw upon multiple evidence-based approaches & modalities congruent with my training, background, & assessment of your treatment plan. Individual counseling sessions are all 50-55 minutes in duration.

Financial _____ (Initial)

You will be responsible for paying for any services provided that your insurance does not cover and/or any co-pays required. Counseling services not covered by your insurance provider or if you wish to pay for counseling out of pocket are offered at a rate \$170 per 50-55 minute counseling session. Cancelling appointments at the last minute or no-showing appointments are detrimental to therapeutic growth and our practice, for this reason missed appointments or appointments cancelled without 24 hour notice will be charged the full rate of your session. All receivable payments are payable to Dantia Wellness LLC DBA Arise Healing Centers. Any payment methods provided to us can be used to collect outstanding balances. Payment methods are processed & stored by MX Merchant/Priority Payments Incorporated.

Limitations of Treatment _____ (Initial)

Therapy can provide many benefits. Risks are also present, and no specific outcome can be guaranteed. Many benefits can occur from therapy including reduction of unpleasant feelings or behaviors. Therapy often involves addressing difficult issues & unpleasant events. Feeling such as anger, sadness and frustration may occur, and it is not uncommon to grow and change behaviorally in different ways than expected. Please feel free to bring up any questions or concerns you have. I encourage you to engage in development and periodic review of your treatment goals & treatment plan.

Consultation

At times I may consult with other professionals regarding clients. Clients' names or identifying information A never disclosed. This is anonymous and done to provide you with the best care possible.

CONFIDENTIALITY

All information disclosed within psychotherapy sessions is confidential and cannot be disclosed to any other party without your (the patient's) written consent or revocation of consent, except when disclosure is required by law. If you are under the age of 18, confidentiality from your guardian cannot be guaranteed.

Disclosure

Some situations require that I disclose information shared in psychotherapy with appropriate parties. This includes the following situations: if I learn or have reasonable suspicion that a child, elder or dependent person is being abused or neglected; if I learn or have reasonable suspicion that a patient presents a danger either to self or others, or is gravely disabled.

HIPAA Notice of Privacy Practices

As a client your information is protected by the Health Information Portability Accountability Act (HIPAA). Your rights include access to your PHI, the right to request and review your PHI and the right to request, through written release of information, that your PHI be released to another party. If you are 18 years of age or older Arise Healing Centers will keep your records for 6 years, after which point your records will be destroyed in a confidential manner. If you are under the age of 18 your records will be kept for 3 years after your 18th birthday, or destroyed 6 years after treatment ends, whichever is longer.

Professional Records

You may request and obtain a copy of your records. You will be charged a professional fee for any time spent answering questions or preparing records. In the event that your record is requested for legal purposes for example, if I or your records are subpoenaed, I may need to release your information to the legal system. If you request that I send records to another party you must first sign a release of information form.

Dual Relationships & Conflict of Interest

If an event occurs where I learn that there is a conflict of interest and I am required to fulfill 2 roles of conflicting interest (for example, educator and psychotherapist) I may need to withdraw from providing psychotherapy services to you and provide you with a referral to another provider. In the event, that I am no longer able to provide you with services or feel that additional services may be beneficial I may provide you with referrals to other professionals.

Telephone & Emergency Procedures

My ability to return phone calls is limited so it is recommended you leave messages for me through the main office phone number. Phone calls exceeding 5 minutes will be billed at the negotiated professional rate. If you are experiencing an immediate crisis please call 911, contact your family physician, or the nearest hospital emergency room. The Crisis Response Network provides a 24/7 telephone hotline for those experiencing an immediate crisis @ (602) 222-9444.

Text, E-mail and Electronic Communication

Communication via text, email or other means of electronic communication is not a secure means of protecting confidentiality. By signing you are stating you understand there is a risk of inadvertent disclosure of your protected health information and that you understand and accept this risk.

Forensic & Legal Action

I am not an expert witness or forensic expert. I do not provide expert opinion for litigation including but not limited to; custody, visitation, mental status and/or other court related issues. In the event, that I am subpoenaed for a court matter you will be charged an hourly rate of \$150/hr. In addition, you will be charged for any phone calls exceeding 5 minutes and for any time spent preparing documents or reports, at an hourly rate of \$150/hr.

Right to Refuse Service

I maintain the right to refuse service to any client at any time. In the event, that a client appears to be under the influence of a substance at the time of psychotherapy, psychotherapy will be canceled, and the client will be responsible for paying for the canceled session. In the event that a client presents a danger to my safety I have the right to terminate services & provide a referral to another mental health professional. As a client you also have the right to terminate counseling at any time. In the event, that a minor under the age of 18 is attending counseling I must obtain consent from all parents and/or guardians for the minor client (and the most current "Legal Decision-Making Parenting Plan" for split households) to engage in counseling services.

I hereby understand & agree to abide by the **Informed Consent for Assessment and Treatment:**

Patient Signature

Name (print)

Date

(Parent/Legal Guardian for Minors)

Name (print)

Date

(Parent/Legal Guardian for Minors)

Name (print)

Date

Therapist Signature

Name (print)

Date



Reschedule, Cancellation, No Show Policy

We understand you may need to cancel or reschedule appointments. We ask that you provide a 24-hour notice for cancelling or rescheduling an appointment. Failure to provide 24-hour notice to reschedule or cancel will result in your account being charged the full session rate.

We will verify your benefits with your insurance carrier and upon your request may provide you with a reference number. Despite our best efforts to verify your benefits your insurance plan may not cover all services or cover the amount of services stated when we verify your benefits. If your insurance will not reimburse Arise Healing Centers, you will be responsible for the remaining balance. We encourage you to reach out directly to your insurance provider to resolve any concerns.

I understand that if I no-show an appointment or fail to cancel or reschedule with 24-hour notice my card will be charged a no-show fee. I understand that if I receive counseling services that my insurance provider does not cover or reimburse Arise Healing Services for, I am responsible for the balance of these services.

Every patient in our practice receives this unique reservation. When your appointment is made, a time is reserved, your materials are ordered, and we make special arrangements to be ready for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you.

*Repeated cancellations or missed appointments will result in loss of future appointment privileges.

Patient Name

Patient Signature (Parents/Legal Guardian for Minors)

Date

The “No Surprises Act” & Good Faith Estimates

The No Surprises Act was passed in December 2020, under Section 2799B-6 of the Public Health Service Act, with the aim of protecting consumers from receiving unexpected medical bills.

The Good Faith Estimate provision of the No Surprises Act federally mandates that healthcare providers must give **patients who do not have insurance or who are not utilizing insurance coverage** an estimate of anticipated healthcare items and services, using what is called a “Good Faith Estimate.”

What is a Good Faith Estimate?

A Good Faith Estimate is an estimate of the total expected costs of non-emergency healthcare items or services.

- Intends to offer predictability & transparency in how much clients will be charged for healthcare services prior to their appointment.
- Includes all regularly scheduled appointments (i.e. therapy sessions).
- Does NOT include no-shows, late cancellations, or other services related to crisis care, which by definition are unexpected and cannot be predicted for the purpose of compiling a Good Faith Estimate in advance.
- May also include consultations with client collateral contacts, fees related to paperwork requests, and other legal and administrative fees related to client care, when such items are scheduled in advance.

Good Faith Estimates project out 12 months in advance. Essentially, your estimate will give you a reasonable idea what to expect in terms of therapy costs for one whole year, based on our current rates and the frequency of sessions that we mutually agree upon in advance.

What are your rights as a client?

We support each and every client’s rights as they pertain to the No Surprises Act. You can find more details regarding your rights and protections against surprise medical bills [here](#).

In addition, the Good Faith Estimate offers specific protections:

- You have the right to receive a Good Faith Estimate even if you receive superbills from us.
- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare service or items.
- You have the right to receive your Good Faith Estimate in writing at least 1 business day before your scheduled healthcare service or item. If a service is scheduled at least 10 business days in advance, the Good Faith Estimate

must be provided within 3 business days (of the *scheduling*, not of the appointment itself). If a service is scheduled at least 3 business days in advance, the Good Faith Estimate must be provided within 1 business day of scheduling.

- You have the right to request a Good Faith Estimate before you schedule a healthcare service or item. For services scheduled less than 3 business days in advance, please note that a Good Faith Estimate is not required by federal law, and will not be provided for you in written form except by request.
- You have the right to receive a requested Good Faith Estimate within 3 business days.
- You have the right to dispute a bill that exceeds your Good Faith Estimate. The federal government offers a dispute resolution process for this purpose.

For questions about the dispute process or for more information about your right to a Good Faith Estimate, please visit www.cms.gov/nosurprises.

What considerations should clients keep in mind?

DISCLAIMERS:

- The information provided in the Good Faith Estimate is only that: an estimate. Actual healthcare items, services, or charges may differ or change throughout the year, even for long-term established clients. For new clients, we may revise your estimate once we have met and discussed more details around your symptoms, likely diagnoses, severity, and treatment plan, which may not be reflected in the Good Faith Estimate you initially receive. However, we will never schedule healthcare services or items without client consent, and clients may request an updated Good Faith Estimate at any time.
- The Good Faith Estimate is not a contract, and does not bind, obligate, or require any client to obtain healthcare services or items from me at any time.
- There are no federal provisions allowing clients to waive their right to a Good Faith Estimate at this time. The regulation allows clients to waive some of the protections related to balance billing, but does not allow therapists to bypass the Good Faith Estimate through a client waiver.

Still have questions about the Good Faith Estimate? Please visit www.cms.gov/nosurprises for more guidance.