



# ARISE HEALING CENTERS

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## Introduction to Healing

### “What to Expect During Your First Visit”

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

Right now, stop and 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 primary goal is to be as amazing as the choice you’ve made.

You are now part of a culture that operates with a “Standard of Care”. From now on, we will always do our best to show you Why we do this, How we do it, and 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. Focus on the fact that you are here for you and 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, and 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). 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 about self-awareness and self-discovery. We understand that sometimes navigating rough waters can be challenging. You show us the destination, and we’ll steer the boat.



# ARISE HEALING CENTERS

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## 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**

We want to learn about You from You. Please share the following information about yourself to facilitate the best healing experience.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_

Additional Identifying Information: \_\_\_\_\_

Best Contact #'s: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (If Applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Client Name: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

## 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). You will also receive a copy of the HIPPA Notice of Privacy Practices. After reading this form please initial and sign to indicate that you fully understand & agree to the agreement made between us.

## Counselor's Independently Contracted Status

I am an Independent Contractor for Dantia Wellness LLC DBA Arise Healing Centers contracted to conduct treatment/counseling services for individual clients. I am not an "employee" of Dantia Wellness LLC DBA Arise Healing Centers, rather I am a separate business entity being marketed by this company and conducting my services at its location and within its "Standard of Care". As an Independent Contractor, I independently comply with all federal, state, local laws, and necessary licensures regarding my psychotherapy services. My counseling license is held by the Arizona Board of Behavioral Health Examiners. *\*This "Independently Contracted Status" section does not apply to counseling services directly provided by owner/officers of Dantia Wellness LLC DBA Arise Healing Centers.*

## 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 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. This can be the full contracted reimbursement rate per session as stipulated by your insurance carrier, if applicable. 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 are 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 18<sup>th</sup> birthday, or destroyed 6 years after treatment ends, whichever is longer. You will receive a copy of the HIPAA Notice of Privacy Practices.

## **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.

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

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**Patient Signature** **Name (print)** **Date**

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**Counselor 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. This can be the full contracted per-session reimbursement rate by your insurance carrier, if applicable.

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.

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*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.

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**Patient Name**

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**Patient Signature (Parents/Legal Guardian for Minors)**

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**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.”

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## 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.

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## 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](http://www.cms.gov/nosurprises).*

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## 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](http://www.cms.gov/nosurprises) for more guidance.*

# HIPPA Notice of Privacy Practices

“Effective February 2026”

## Your Information. Your Rights. Our Responsibilities.

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

### Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

# Our Uses and Disclosures

## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

**We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.**

**In all cases, including those listed below,** if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

#### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- **We are required by law to maintain the privacy and security of your protected health information.**
- **We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.**
- **We must follow the duties and privacy practices described in this notice and give you a copy of it.**
- **We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

**We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.**

- Privacy Official: Alexandra House, LPC, [Alexandra@AriseHealingCenters.com](mailto:Alexandra@AriseHealingCenters.com), (602) 859-5550

I have read and received a copy of the HIPAA Notice of Privacy Practices:

\_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Signature and Date)

