

FAMILY SOLUTIONS SERVICES, INC.

1217 Hwy 10 W. PO Box 258
Orange City, IA 51041
H:712-707-9222*Fax:712-707-9220

505 5th St. #510
Sioux City, IA 51101
PH:712-258-4553*Fax:712-258-4773

Informed Consent for Services

I request Family Solutions Services, Inc. (here in referred to as Family Solutions) provide diagnostic, treatment or other services for: _____.

(Consumer's Name)

DESCRIPTION OF SERVICES

The following is a brief explanation of each service that is provided by Family Solutions:

- **Psychotherapy** is a service that assists individuals of all ages who are experiencing problems such as depression, anxiety, difficulty in work/school, marital/family conflict, irritability, anger, difficulty in social/peer relationships, stress, drug/alcohol problems, children at risk. After an initial assessment a plan of treatment is developed jointly by the provider and you (and parent/guardian in the case of a minor). Frequency and duration of services is based upon individual needs. Therapy is provided by a master's level therapist. Intake session lasts 60-75 minutes and ongoing therapy sessions are either 20-25 minutes(brief therapy) or 45-50 minutes (extended sessions), depending on needs.
- **Behavioral Health Intervention Services** provides skill development and crisis intervention to children and their families to minimize or eliminate behavioral symptoms associated with a psychological disorder. Skill development targets problem solving, conflict resolution, social skills, effective communication, anger management and interpersonal relationship skills. Remedial services are provided in the home or in the community.

INFORMED CONSENT

I understand as in the case of medical services, no guarantee can be provided that the concerns or issues for which I am seeking services will be resolved. Because mental health treatment is a cooperative effort between me and my provider, I will work with my provider in a cooperative manner to resolve my concerns.

I understand that during the course of my treatment, material may be discussed which will be upsetting in nature and that this may be necessary to help me resolve my concerns.

I understand that confidentiality of records of information collected about me will be held or released in accordance with state and federal laws regarding confidentiality of such records and information, as is outlined in the Privacy Notice provided to me.

I understand that my provider may disclose any and all records pertaining to my treatment if necessary for claims processing, care management, coordination of treatment, quality assurance or utilization of this facility and to the extent necessary to facilitate the provision of administrative and professional services.

I understand that I have the right to inspect my mental health records pertaining to my treatment under the supervision of my provider or administration at Family Solution s Services, Inc. The consumer must contact the office to set up a time to meet with the therapist or administration at the office. The record will be provided to the consumer. The consumer may not take notes or make copies of anything in the record. An exception to this would be if the consumer is threatening in any manner or safety is a concern. This includes guardians/legal representatives of minor children.

I understand that state and local laws require that my provider report all cases in which there exists a danger to self or others.

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I understand there may be other circumstances in which the law requires my provider to disclose confidential information and this is outlined in the Privacy Notice provided to me.

I understand my records will be kept for a period of ten years after the last date of services with Family Solutions..

CONSUMER RIGHTS

I have read and had explained to me the basic rights of individuals who undergo treatment at Family Solutions. These rights include:

- All consumers will receive the same quality of care without regard to race, color, creed, age, sexual orientation, social or economic status, political belief or type of problem. Language barriers, cultural difference, and cognitive deficits are taken into consideration and provisions are made to facilitate meaningful participation in services.
- Persons with mental illness, mental retardation, and other developmental disabilities have the same fundamental rights as all persons. Rights can be limited only with the informed consent of the consumer, the consumer's guardian or legal authorities within the following guidelines; the limit is based on an identified individual need; skill training is in place to meet the identified need; periodic evaluation of the limit is conducted to determine continuing need for the limitation.
- Individuals in need of any service provided by Family Solutions have the right to be provided that service with as little delays as possible.
- Only information essential to an orderly and productive delivery of service shall be required from an individual or family as a condition of service.
- Consumers will be required to participate only in procedures that are essential to the delivery of care commensurate with their need(s). Consumers will be informed of the costs of services offered to them.
- Consumers shall be provided descriptions of the of the predominant hazards, which may exist in any unusual treatment procedure Family Solutions will not perform any research without a consumers written, informed consent.
- Consumer's identities will be protected unless information must be communicated appropriately as outlined in the Privacy Notice provided to me.
- Individuals admitted into voluntary outpatient, evaluation emergency care would not be enrolled in any greater care without a full explanation or opportunity to participate in such decision.
- Consumers shall have the right to refuse any service or method of treatment.
- Consumers shall have the right to be treated without loss of dignity, individuality, privacy or respect. Consumers shall be addressed in a manner that is age-appropriate.
- Consumers will be provided opportunity to participate in the formulation of the plan of treatment and services provided to Family Solutions.
- Consumers shall have the right to receive an understandable explanation of their diagnosis and the services provided, including the procedures involved and the expected results and duration of those procedures and services.
- Consumers have the right to appeal Family Solutions actions or decisions pertaining to decisions made regarding their care and services. The Appeal/Grievance Procedure must be adhered to, as outlined in the Appeal/Grievance section below.

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CONSUMER RESPONSIBILITIES

I understand that it is my responsibility to inform Family Solutions of any medication I am currently taking, past and present medical/health problems or illness, and any unusual changes in my health.

I understand that it is my responsibility to keep my appointments and give at least 8 hours notice if I am not able to keep my appointment. I further understand that I may be subject to same day scheduling and will not be able to make appointments ahead of time if I have 2 no shows.

I understand that it is my responsibility to be honest and provide accurate and complete information about myself.

I understand that it is my responsibility to understand my problems and the services being provided. If I do not understand my problems and the services being provided, I will discuss this with my provider. I understand the success of service requires my full cooperation.

I understand that it is my responsibility to follow my plan of treatment, as established by me and my provider, and to inform my provider of any changes in my condition or circumstances that may affect my plan of treatment.

I understand that it is my responsibility to respect the rights, privacy, and property of staff and other consumers I may come into contact with while receiving services at Family Solutions.

I understand that it is my responsibility to refrain from making unreasonable demands on the time and services of Family Solutions personnel.

It is my responsibility to understand my insurance benefits and agree that financial obligations to Family Solutions for services provided will be taken care of within a reasonable amount of time. I understand that payment is due at the time of the service. If I am unable to meet my financial obligations to Family Solutions, I can ask for a fee consultation.

TREATMENT OF MINOR CHILDREN

I understand that both parents retain a legal right to receive information about their child unless Family Solutions is presented with legal proof that there is a no-contact order or termination of parental rights. The non-custodial parent has the right to know that their child is being seen for services.

I understand that Family Solutions will bill any amount after third party payment to the person who is signing this agreement. I understand it is my responsibility to secure payment for any amount owed by the other parent.

I understand that Family Solutions remedial and therapy staff are Mandatory Child Abuse Reporters and must report to the Department of Human Services if they suspect physical, sexual, or emotional abuse, denial of critical care, or neglect.

I understand I have the responsibility to be involved with my child's treatment as recommended by my service provider.

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INFORMATION ABOUT MEDICARE AND MEDICAID

I understand if I carry Medicaid insurance I cannot be charged any out of pocket expenses for any service at Family Solutions unless Medicaid is not billed per agreement with the consumer.

INFORMATION AND AGREEMENT REGARDING PAYMENT & INSURANCE

I understand and agree to the following condition of payment for professional services at Family Solutions:

- It is my responsibility to contact or respond to my insurance carrier for any restrictions or requirements. If I fail to do so, I will be responsible for the full fee. The full fee will be charged to those who have insurance coverage, but choose not to file.
- To release information necessary to process claims to a third party payer. This may include name, age, sex, address, insurance number, consumer number, diagnosis, dates of service, length of service, provider name, type of treatment rendered, and my treatment plan and progress notes.
- That is I carry group insurance through my employer, my employer's benefit department may be provided this information.
- That a psychiatric diagnosis is often required to secure third party reimbursement.
- That my third party payer(s) will reimburse Family Solutions directly for services rendered and billed.
- That payment and co-payment is due at time service is provided, unless payment plan has been established.

- That if I fail to make payments under the terms of this agreement, a fee conference with Family Solutions staff may be required before further professional services will be provided to the above named consumer.
- **I will submit a current insurance card and notify Family Solutions staff of any changes in my insurance. I realize I will be charged full fee until current information is provided.**
- **It is my responsibility to notify insurance card holder, if other than myself, that their insurance or the insurance card holder will be billed for payment of these services.**
- That if services are supported by third-party payers, those services may be subject to audit by authorized representatives of those payers for purposes of verifying that fact of service and I consent to reviews of services rendered for such purposes. I further understand that such audits will not involve sharing information other than that authorized by state and federal laws as outlined in the Privacy Notice provided to me relating to disclosure of mental health information.
- That is Family Solutions service provider is subpoenaed to court by my attorney, the fee charged is the current per hour rate for all time away from the office. Providers are not paid for their testimony but are compensated for their time away from their practice at Family Solutions.
- That if co-pays are not paid within 30 days of billing, finance charges will apply.
- My Signature on this consent represents my signature on the CMS-1500 form lines 12 and 13.

Financial Arrangement:

For your convenience, we offer the following methods of payment. Please check which you prefer.

Cash
 Personal Check

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INFORMATION ABOUT CONFIDENTIALITY

According to state and federal laws, any information you provide to any staff member at Family Solutions is confidential and privileged information and cannot be revealed to others without your written consent. This includes spouse, family, friends, courts, attorneys, employers and law enforcement. However, there are expectations to full confidentiality. You have been given a Privacy Notice that notifies you of specific confidentiality rules and how information about you may be disclosed.

- All Family Solutions service providers are mandatory reporters of child abuse and dependent adult abuse, and a report to the Department of Human Services will be made if such abuse is suspected.
- If a Family Solutions service provider believes that a consumer is in danger of harming self or others, the Family Solutions service provider will act to prevent harm from occurring. Those actions may include providing about the consumer to others.
- The parent or legal guardian of a minor has the right to information about services that are provided to the minor, with the exception of substance abuse/use information.
- Limited information about a consumer who is diagnosed as having a chronic mental illness may be released to a spouse, parent, adult child or adult sibling if the disclosure is necessary to assist in the consumer's care or treatment.
- Periodic reports will be made to the court about the status of consumers who are court-ordered to receive services at Family Solutions.
- Family Solutions staff must provide information that is required by a court order.
- On occasions Family Solutions staff consults with other mental health professionals. During those consultations, the consumer's identity is not revealed, and those consultants are legally bound to maintain confidentiality with respect to those consultations.
- During accreditation surveys or reviews, representatives of the Iowa State DHS may check consumer records for compliance with state standards. Those reviewers are required to keep all consumer information confidential.

APPEAL/GRIEVANCE PROCEDURE

All consumers who receive service from Family Solutions have the right to express their concerns without fear of restraint, interference, coercion, discrimination, reprisal, or retaliatory action. This principle applies to any person taking part in an appeal representation, either as a witness or employee representative. Any consumer who feels that he/she has been subject to unfair treatment will have a right to appeal.

It shall be the responsibility of Family Solutions authorities to hear promptly and courteously all appeals registered in good faith by consumers of services provided by Family Solutions, and to clarify misunderstanding and make reasonable adjustments of complaints. All problems will be settled whenever possible at the lowest level. If you feel the issue is not resolved you may follow the appeal process below.

The **appeal process** is as follows:

- In the event of a disagreement between a consumer and Family Solutions, the consumer should first attempt to discuss the issue directly with his/her service provider.
- In the event the dispute is unable to be resolved, the consumer or service provider may present the nature of the dispute either verbally or in writing to the Executive Director of Family Solutions within **five (5)** working days after the consumer's discussion with his/her service provider.

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- The Executive Director, within **five (5)** days, shall then notify the service provider and consumer that the Executive Director is aware of the dispute.
- Documentation shall be entered into the consumer record. Any correspondence generated from the dispute shall be filed in the consumer record and be a permanent part of the record. The Director shall issue a decision within **five (5)** working days from the initial receipt of the dispute.
- In the event the Director is unable to resolve the dispute, the Director shall so state in a memo to both parties within a five-day period.
- In the event the Director is off duty, the grievance shall be held until her return.

I have read, reviewed and received a copy of the above information. I understand and agree to abide by the above information for all the services that I receive at Family Solutions. My signature below and my initials on each page attest to my review, understanding, and acceptance of the information outlined in this Consent to Services.

Signature of consumer, custodial parent or legal representative: _____	_____
Date: _____	Signature of Witness: _____