Client Information and Consent Form

Welcome and thank you for considering Balance Point Wellness, LLC for your mental health needs. This document contains important information about our professional services and business policies.

Mental Health Services
While it may not be easy to seek help from a mental health professional, we hope that through the therapeutic process you will be better able to understand your situation and feelings and move toward resolving your difficulties. Your treatment provider will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to explore your own feelings and thoughts and to try new approaches in order for change to occur.

Therapy is the Greek word for change. You may learn things about yourself that you do not like. Often growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts, and the realization that you are responsible for lifestyle choices/changes that may result from treatment.

There may be alternative ways to effectively treat the problems you are experiencing. It is important for you to discuss any questions you may have regarding the treatment recommended with your treatment provider and to have input into setting goals. As your treatment progresses these may change.

Medication Management
Prescriptions for medications and refills of medications will only be provided by a psychiatrist at the time of the appointment. It is the discretion of the psychiatrist to determine if a refill will be provided between scheduled appointments. If a refill is provided by a psychiatrist without an appointment, another refill will not be provided until the next appointment. If you are in need of medication changes, you must be seen in the office. Please note that a fee may apply for refills provided outside of a scheduled appointment.

Narcotic/benzodiazepine prescriptions will not typically be prescribed by Balance Point Wellness, LLC, unless an exception is made by the psychiatrist on an individual basis. Narcotic/benzodiazepine prescriptions will not be refilled early, refilled without an appointment, or replaced under any circumstances.

If medication is stolen, a police report must be presented before a replacement prescription will be given. If a prescription is lost, it will be replaced at the discretion of the prescribing doctor. All clients on medication must provide a release of information for your primary care doctor for consultation purposes. Please note that physicals and lab work may be required. Refusal to comply with recommendations for physicals or lab work could lead to termination of services.

Medication is often seen as an adjunct to therapy. It will be at the discretion of your treating psychiatrist whether medication management will be provided without ongoing therapy. If adjunctive therapy is recommended and the client does not agree/comply, medication management services could be terminated.

Number/Length of Visits
A typical therapy session will last a minimum of 45 minutes. The number of sessions needed depends on many factors and will be discussed by your treatment provider. It is important to understand that the maximum number of sessions will often be determined by your insurance provider. Your initial session will involve an evaluation of your needs and depending on your circumstances further evaluative sessions may be required. At the

Client Initial: _____
end of the evaluation process your treatment provider will be able to provide you with some first impressions of what your treatment may include and a treatment plan to follow if both you and your provider agree to work together. You should evaluate this information along with your own opinions of whether you feel comfortable working with the provider. Mental health treatment involves a large commitment of time, money, and energy, so you should be very careful about the provider you select. If you have questions about procedures feel free to discuss them with your treatment provider.

Relationship
Your relationship with your provider is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that your treatment provider not have any other type of relationship with you. **Personal and/or business relationships undermine the effectiveness of the therapeutic relationship and are considered unethical.** Your treatment provider cares about helping you but is not in a position to be your friend or to have a social or personal relationship with you. If your provider encounters you in public setting, in order not to reveal your identity the provider will not acknowledge your presence unless addressed by you first. **Gifts, bartering, and trading services are not appropriate and should not be shared between you and your provider.**

Your treatment provider does not accept friend or contact requests from current or former clients on any social networking sites. Adding clients as friends or contacts on these sites can compromise confidentiality and privacy of both the treatment provider and the client. It can blur the boundaries of the professional relationship and are not permitted. Any attempt by a client to surreptitiously gain access to a treatment provider’s personal site(s) will be cause for termination of the treatment.

Appointments and Cancellations
Appointments are made by calling (410) 989-3899, Monday through Friday between the hours of 9:00 a.m. and 5:00 p.m. **Please call to cancel or reschedule at least 24 hours in advance, or you could be charged $50 for the missed appointment depending on your insurance coverage.** Many third-party payees will not cover or reimburse for missed appointments. Please arrive 5-10 minutes early to your appointment. We will make every effort to begin your appointment promptly. If you arrive late, your visit will be shortened to fit in to the scheduled time. If you are 15 minutes late, the provider has the right to count you as a late cancellation and charge the late cancellation fee of $50.

Private Pay Fee Schedule

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<tr>
<th>Psychiatry Hourly Rates:</th>
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<tr>
<td>Psychiatric Initial Evaluation: $160</td>
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<tr>
<td>Psychiatric Medication Review: Up to 20 minutes- $85</td>
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<td>Over 20 minutes (up to 45 minutes)- $110</td>
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<td>Medication Refill (outside of appointment): $20</td>
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<td>Phone Consultation with Psychiatrist: $25 per ¼ hour</td>
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<th>Other Hourly Rates:</th>
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<td>Psychological Testing: $150</td>
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<td>Written Reports: $150</td>
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<td>Court Testimony: $200 (four hours minimum payable in advance)</td>
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<tr>
<td>Consultation: $20 per ¼ hr (such as IEP meeting, phone consolation, record review/correspondences)</td>
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<td>Disability Paperwork: $100 flat fee</td>
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| Psychoterrorist/Social Worker Hourly Rates: |  |
| Intake Evaluation: $115 |  |
| Therapy (45min): $75 |  |

| Psychologist Hourly Rates: |  |
| Intake Evaluation: $125 |  |
| Therapy (45 min): $80 |  |
Balance Point Wellness, LLC verifies mental health insurance coverage for all clients before their initial visit or when there is a change of insurance. This is to determine the conditions of coverage as well as any copay/deductible that the client may be responsible for. Any explanation of benefits that we receive is only a quote of benefits and actual coverage is determined when the insurance plan receives a claim for processing. It is possible that there may be a difference in the copay or coverage once the claim is processed. The client/guardian is responsible for any difference in the copay amount. It is also the client/guardian’s responsibility to obtain the primary care physician referral, when necessary, in a timely manner.

Individual insurance plans will be honored at the agreed upon fee with your health insurance company. It is the responsibility of the client/guardian for the cost of service at the billable rate listed above and any outstanding balance. It is the responsibility of the client/guardian to notify the office immediately when there is a change in the client’s insurance. Failure to notify the office of a change in insurance, if the insurance denies payment due to insurance policy terminating, or no authorization for services, will result in the client/guardian being responsible for the outstanding balance and/or cost of service at the billable rate listed above.

If the reason for initial or follow-up treatment is due to a Workers’ Compensation claim or accident (auto or otherwise), please be advised that your insurance carrier cannot be billed. The client/guardian will be responsible for the full billable fee for each visit, prior to the service being rendered. It is the client/guardian’s responsibility to notify the office if this situation should apply.

Dependent on your insurance coverage, a $50 fee will be charged for any missed appointments or appointments cancelled less than 24 hours in advance. A $25 administrative fee may apply to any balances extending beyond 30 days. Checks returned by any bank will result in a $50 fee.

In the event disclosure of your records or the treatment provider’s testimony are requested by you or required by law, regardless of who is responsible for compelling the production or testimony, you may be responsible for and shall pay the costs involved as indicated above. This may include but is not limited to copying/sending records, traveling to and from the testimony location, reviewing records and preparing to testify, waiting at the location, and giving testimony. Such payments are to be made at the time or prior to the time the services are rendered by the provider. The treatment provider may require a deposit for anticipated court appearances and preparation.

**Confidentiality**

Although it is the goal of the treatment provider to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. No information will be released without the client's written consent unless mandated or permitted by law. If a court order is received you will be notified in writing of this disclosure. Possible exceptions to confidentiality include but are not limited to the following:

- child abuse/abuse of the elderly or disabled
- Duty to protect: thoughts, plan, and/or intent to harm self or others (i.e. suicidal or homicidal)
- court orders
- a negligence suit brought by the client against the treatment provider or the filing of a complaint with a licensing board or other state or federal regulatory authority
- regulatory authorities in connection with their compliance or investigatory responsibilities;
- employees or agents of the practice for operational purposes
- supervisor, if the treatment provider is under supervision
By signing this information and consent form below you acknowledge receipt of a copy of the Notice of Privacy Practices. If you have any questions regarding confidentiality, you should bring them to the attention of your treatment provider. By signing this information and consent form below, you are giving your consent to your treatment provider and Balance Point Wellness, LLC to share confidential information with all persons mandated or permitted by law and the managed care company and/or insurance carrier responsible for providing your mental health care services and payment for those services. You are also releasing and holding harmless your treatment provider for any departure from your right of confidentiality that may result. You acknowledge that you have been advised by your treatment provider of the potential of the redisclosure of your protected health information by the authorized recipients and that it may not be protected from unauthorized disclosures as required by the federal Privacy Rule.

If you participate in marital or joint therapy, you consent for your treatment provider to maintain a single case file for all joint sessions and to release all information contained in the file maintained for joint sessions to any participant in the joint session upon request by a participant.

After-Hours Emergencies
Please know that your treatment provider and Balance Point Wellness, LLC do not provide twenty-four (24) hour emergency therapy or crisis services. Should you experience an emergency necessitating immediate mental health attention, immediately call 911 or if you are able to safely transport yourself, go to the nearest hospital emergency room for assistance.

Contacting Your Treatment Provider
Your treatment provider is often not immediately available by telephone. The office number 410-989-3899 is answered by administrative staff or voice mail that will be monitored throughout the day. Each provider has different hours and is available at different times throughout the day/week to return messages. Additionally, providers will not take phone calls while with a client. A reasonable effort will be made to return any call made during normal business hours on the same day it is received, weekends and holidays excepted. Messages left after hours, on weekends, or on holidays will normally be returned the next business day.

E-Mail and Text Messages
Your treatment provider and Balance Point Wellness, LLC use and respond to e-mail and text messages only to arrange or modify appointments. Please do not send e-mails related to your treatment or therapy sessions as electronic communications are not completely secure and confidential. Any treatment related questions or issues will not be addressed by the provider in any electronic communication but will be dealt with during your next appointment. You should know that any e-mails or texts received from you and any responses sent will become part of your treatment record.

Treatment Provider’s Incapacity or Death
You acknowledge that, in the event that your provider becomes incapacitated or dies, it will become necessary for another treatment provider to take possession of your file and records. By signing this information and consent form below, you give consent to allowing Hayley Porter, Psy.D., Chief Clinical Officer of Balance Point Wellness, LLC, to take possession of your file and records and provide you with copies upon request, or to deliver them to a provider of your choice.
Audio and Video Recordings
You acknowledge and, by signing this information and consent form below, agree that neither you nor the undersigned treatment provider will record any part of your sessions unless you and the treatment provider mutually agree in writing that the session may be recorded. You further acknowledge that the undersigned treatment provider objects to you recording any portion of your sessions without the treatment provider's written consent.

Grievance and Defamation
You acknowledge that that if you have a grievance with your treatment provider, you will first attempt to communicate this directly to him/her. In the event that the grievance is not satisfactorily resolved, you agree to contact Thomas Cook, Chief Executive Officer of Balance Point Wellness, LLC, at 410-989-3899.

By signing this intake and consent form below you agree that you will not make defamatory comments about the undersigned treatment provider to others or to post defamatory commentary about the treatment provider on any website or social media site. In the event that defamatory remarks about the treatment provider are made by you, or others acting in concert with you, you further consent by signing this intake and consent form below to allowing the treatment provider to use confidential information necessary to rebut or defend against, or prosecute claims for, the defamation.

Termination of Services
You understand that treatment will end when the concerns for which you initially sought treatment are resolved. If progress is not made or there is a conflict in the working relationship between client and treatment provider, your provider can terminate treatment at any time. If treatment is terminated prematurely by the treatment provider, a referral will be given for continued treatment with another provider either at Balance Point Wellness, LLC or in the community. Your treatment provider may set boundaries including forms of client interactions and communication including ceasing to provide services to you for good cause, including without limitation: your refusal to comply with treatment recommendations, the undersigned treatment provider or staff member is uncomfortable working with you, or your failure to timely pay fees or deposits in accordance with this Information and Consent Form, subject to the professional responsibility requirements to which the undersigned treatment provider is subject. Inappropriate behavior such as yelling, violence, or threatening behavior will not be tolerated and could lead to termination of services, at the discretion of the treatment provider and Balance Point Wellness, LLC. Please note that if you do not show for 3 appointments or call to cancel 3 times less than 24 hours before that appointment, your services can be terminated.
**Consent to Treatment**
I, voluntarily, agree to receive (or agree for my child to receive) Mental Health assessment, care, treatment, or services, and authorize the undersigned treatment provider and Balance Point Wellness, LLC to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care (or my child's care), treatment, or services, and that I may stop such care, treatment, or services that I receive (or my child receives) through the undersigned treatment provider at any time.

By signing this Client Information and Consent form, I, the undersigned client (or parent), acknowledge that I have read, understood, and agreed to be bound by all the terms, conditions, and information it contains. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client Signature______________________________________________  Date: ________________
Guardian Signature______________________________________________  Date: ________________
Treatment Provider ________________________________________________  Date: ________________