



Return to:

email: cwilliams@firststepbehavior.com

Fax: 919-924-0299

CONSENT FOR ASSESSMENT AND EVALUATION

Client ID:

Thank you for selecting First Step Behavioral Services, LLC to provide services. Upon completion of the consent for assessment and evaluation, the formal and informal assessments will be scheduled. I certify that I have the authority to legally consent to assessment, release of information, and all legal issues pertaining to the client. Upon request, I will provide First Step Behavioral Services with the proper legal documents to support this claim. I further agree that if my status as legal guardian shall change, I consent to a photograph being taken of the client at the start of care for identification purposes and to ensure for safe and accurate record-keeping. I will immediately inform First Step Behavioral Services of the status change and will further provide the name and contact information of the individual who assumed guardianship.

Assessment Consent: I consent for a psychological assessment to be provided to the client by First Step Behavioral Services. I understand that the assessment process may include behavioral observation of the client, interviews with individuals familiar with the client, assessing behavior utilizing behavior rating scales, curricular skill assessments, criterion referenced tests, and environmental manipulations designed to assess conditions under which certain behaviors are most likely to occur.

I, _____, agree to allow First Step Behavioral Services to perform an assessment evaluation for the client.

Relationship to the client:

Signature: _____

Printed Name:

Date:



CONSENT FOR SERVICE AGREEMENT

Client ID:

The service agreement is entered into by and between the **client, parent(s), or legal guardian(s) (hereinafter "Parent")** of _____ (hereinafter "Client") and First Step Behavioral Services, LLC (hereinafter "First Step Behavioral Services" collectively referred to herein as "the parties". The parties to this agreement agree as follows:

1. **Use and Release of Information:** Pursuant to privacy practices, parents/clients give permission to First Step Behavioral Services to release any information about the client, health services provided to the client, or payment for health services, that may be necessary. For more detailed information about the way information may be used or released, parents should read First Step Behavioral Services' *Notice of Privacy Practices*.
2. **Notification of Change:** First Step Behavioral Services requests immediate notification of any change in client's address and parent's contact information to ensure cooperative communication between families and First Step Behavioral Services occurs without delay. It is the obligation of the parent / guardian to immediately notify First Step Behavioral Services of any change in insurance coverage or insurance provider. Failure to notify First Step Behavioral Services may result in incurrence of all treatment costs during coverage lapse.
3. **Nondiscrimination Policy:** First Step Behavioral Services does not discriminate based on race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, or any other factor protected by law. First Step Behavioral Services complies with all laws regarding reasonable accommodation for handicapped and disabled individuals. Parents shall accept team members provided by First Step Behavioral Services and shall not discriminate based upon any of the above factors.
4. **Sexual Harassment Policy:** First Step Behavioral Services adheres to all sexual harassment laws and has employment processes to ensure the safety of team members, clients, and families. First Step Behavioral Services prohibits any team member or family from retaliating against anyone who has raised a concern about sexual harassment or discrimination against another individual. First Step Behavioral Services will investigate any complaint and will take immediate and appropriate action corresponding to the result of the investigation.
5. **HIPAA Security Rule:** The HIPAA Security Rule, effective April 20, 2005, requires First Step Behavioral Services' adhere to controls and safeguards to: (1) ensure confidentiality, integrity, and availability of confidential information; and (2) detect and prevent reasonably anticipated errors and threats due to malicious or criminal actions, system failure, natural disasters, and employee or user error. Such events could result in damage to or loss of personal information, corruption or loss of data integrity, interruption of organizational activities, or compromise to the privacy of clients, team members, and their records. In the event a client's protected health information (PHI) is compromised, First Step Behavioral Services will notify clients within 60-days to comply with HIPAA Breach Notification Laws.
6. **Confidentiality:** Clients and their clinical team members have a confidential and privileged relationship. Staff shall not disclose information that is observed, discussed or related to clients beyond affected parties (payors, First Step Behavioral Services leadership staff, and other members of the client's clinical team as consented in the Coordination of Care consent form). Please be aware that the confidentiality has limitations as stipulated by law including the following:
 - Staff has your written consent to release information.
 - Staff has determined that you are a danger to yourself or others.
 - Staff has reasonable grounds to suspect abuse or neglect of a child, disabled adult, or an elder adult. First Step Behavioral Services staff are mandated reporters of any potential child abuse or neglect.
 - Ordered by a judge to disclose information.
 - A subject of an incident involving law enforcement
 - **Limits of Confidentiality**
 - There are unusual situations where FSBS may be required or permitted to disclose information without your authorization. These include:
 - a) If we have knowledge, evidence, or reasonable concern regarding the abuse or neglect of a child, elderly person, or disabled person, it is required to file a report with the appropriate agency. Once such a report is filed, we may be required to provide additional information.
 - b) If a client communicates an explicit threat of serious physical harm to a clearly identifiable victim or victims, and has the apparent intent and ability to carry out such a threat, FSBS may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.
 - c) If we believe that there is an imminent risk that a client will physically harm himself or herself, we will also take protective actions (See Emergency Care and Crisis Situations).
 - d) Although courts have recognized a therapist-client privilege, there may be circumstances in which a court would order FSBS to disclose personal health or treatment information.

We also may be required to provide information about court-ordered evaluations or treatments. If you are involved in, or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order FSBS to disclose information.

- e) We are required to provide information requested by a legal guardian of a minor child, including a non-custodial parent. I have read and understand all the provisions herein and, by my signature below, hereby agree and consent to treatment with First Step Behavioral Services and shall abide by the terms of this agreement.
- f) If a government agency is requesting information for health oversight activities or to prevent terrorism (Patriot Act), FSBS may be required to provide it.
- g) If a client files a complaint or lawsuit against FSBS or professional staff, FSBS may disclose relevant information regarding the client in order to defend itself. If any of these situations were to arise, FSBS would make every effort to fully discuss it with you before taking action and would limit disclosure to what is necessary.

AI tools may be used to help take notes and summarize virtual meetings, like Zoom sessions. These tools do not record or save the meeting but help keep clear and accurate records. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions you have with us now or in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

Relationship to the client:

Signature:

Printed Name:

Date

Emergency Care and Crisis Situations

FSBS and Carol E. Williams are not able to provide emergency services or psychiatric medications. Individuals, who because of psychiatric difficulties need substantial case management, ongoing medication adjustments, and/or emergency clinician access, are generally not appropriate for a training clinic. Such clients may be seen at FSBS when their situation is more stable.

FSBS and Carol E. Williams clients who are experiencing a crisis are encouraged to discuss this with their therapist as soon as possible so that a crisis plan can be developed.

- A crisis may be generally defined as a situation or period in which the person's usual coping resources fail and they experience a state of psychological disequilibrium in which they may be at risk for impulsive or harmful behavior. There are many examples of crisis situations, which may include:
- A client who is struggling with suicidal ideation, a teenager who under distress runs away from home, a psychotic client who experiences severe symptoms such as hallucinations or paranoia because they have discontinued medications, and an alcohol/drug client who relapses to uncontrolled drug use with danger of overdose or serious harm. Such clients may or may not constitute an imminent danger to themselves or others; nevertheless, sometimes a judgment must be made to protect the client.

The policy of FSBS and Carol E. Williams to which you consent as a client is to refer to another provider for treatment during a crisis situation.

FSBS and Carol E. Williams may divulge your client status and the minimal treatment information necessary to protect you during a crisis period. The need for such an action will be discussed with you until the crisis is over or your care has been successfully transferred to another mental health provider or treatment program. This crisis policy requires that you trust in our professional judgment to balance risks with your rights to confidentiality. FSBS and Carol E. Williams instructs clients who cannot reach us and are having an emergency to contact a local hospital emergency room or other community resources directly such as 911 emergency services.



NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), and associated regulations and amendments.

This notice describes how health information about you, or your child, may be used and disclosed, and how you can get access to this information.

PLEASE REVIEW THIS NOTICE CAREFULLY

If you have any questions about this notice or if you need more information, please contact

First Step Behavioral Services

Attn: Privacy Officer

Email at: info@firststepbehavior.com

Or

First Step Behavioral Services

Attn: Privacy Officer

P.O. Box 416

Butner, NC 27509

ABOUT THIS NOTICE

We understand that health information about clients is personal and we are committed to protecting your information. We create a record of the care and services clients receive at **First Step Behavioral Services**. We need this record to provide assessment and treatment, payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose health information about the client. It also describes client's rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to follow the terms of this Notice that is currently in effect.

WHAT IS PROTECTED HEALTH INFORMATION ("PHI")?

PHI is information that individually identifies you, or your child. We create a record of information received from you, another healthcare provider, health plan, your employer, or a health care clearinghouse that relates to:

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.

WHAT ARE FIRST STEP BEHAVIORAL SERVICE'S RESPONSIBILITIES TO YOU REGARDING YOUR PHI?

Protected health information is personal. To that end, First Step Behavioral Services employs policies and procedures that adhere to state and federal requirements.

- First Step Behavioral Services is required by law to maintain the privacy and security of all protected health information.
- First Step Behavioral Services is required to keep client protected health information private and secure in all forms, including hardcopy files, electronic files, and verbal communications. First Step Behavioral Services is required by law to enable security and privacy features to ensure that these protections are met. Staff undergo annual training for maintaining privacy during verbal communication.
- First Step Behavioral Services is required, by law, to notify you within 60 calendar days if a breach occurs that may have compromised the privacy or security of client information.
- First Step Behavioral Services must follow the duties and privacy practices described in this notice and provide you with a copy. We will not use or share your information other than as described here unless otherwise specified by you in writing.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI in the following circumstances:

Treatment. We may use or disclose client PHI to provide services and to manage and coordinate his/her medical care. For example, client PHI may be provided to a physician or other health care provider (e.g., specialist) to whom they have been referred to ensure the physician or other health care provider has the necessary information to diagnose or treat the client or provide him/her with a service.



Payment. We may use and disclose client PHI so we can bill for treatment and services rendered and to collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services, we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Health Care Operations. We may use and disclose PHI for our health care operations.

Appointment Reminders. We may use and disclose PHI to contact you as a reminder for upcoming appointments you may have scheduled.

Minors. We may disclose the PHI of your minor child(ren) to all parents and / or guardians unless such disclosure is otherwise prohibited by law.

As Required by Law. We will disclose PHI about you, or your child, when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to health or safety or to the health or safety of others, but we will only disclose the information to someone who may be able to help prevent the threat.

Business Associates. We may disclose PHI to our Business Associates who perform functions on our behalf or provide us with services if PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All our Business Associates are obligated, under contract with us, to protect the privacy and ensure the security of client PHI.

Workers' Compensation. We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report child abuse or neglect; (4) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Abuse, Neglect, or Domestic Violence. First Step Behavioral Services staff members are required, by law, to report any witnessed, or suspicions of, client abuse, neglect, or domestic violence and may disclose PHI to the appropriate government authority.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the organization, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose PHI to provide legally required notices of unauthorized access, or disclosure, to you or your child's health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose PHI to defend ourselves in the event of a lawsuit.

Law Enforcement. We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.



USES AND DISCLOSURES THAT REQUIRE FIRST STEP BEHAVIORAL SERVICES TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT:

- **Individuals Involved in Your Care.** Unless you object in writing, we may disclose to a member of your family, a relative, a close friend or any other person you identify, you or your child's PHI that directly relates to that person's involvement in health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in the client's best interest based on our professional judgment.
- **Payment for Your Care.** Unless you object in writing, you can exercise the right under HIPAA for First Step Behavioral Services not to disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.
- **Disaster Relief.** We may disclose PHI to disaster relief organizations that seek your PHI to coordinate care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of client PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to First Step Behavioral Services will be made only with your written authorization. If you do give an authorization, you may revoke it at any time by submitting a written revocation to First Step Behavioral Services' Privacy Officer and we will no longer disclose PHI under the authorization. Please note: any disclosure that is made in reliance to an authorization prior to revocation will not be affected.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights, subject to certain limitations, regarding PHI:

Inspect and Copy. You have the right to inspect, receive, and copy PHI that may be used to make decisions about client care or payment for their care. We have up to **30 days** to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. You can only direct us in writing to submit your PHI to a third party not covered in this notice. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Summary or Explanation. We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

Electronic Copy of Electronic Medical Records. You have the right to request an electronic copy of your medical record be given to you or transmitted to another individual or entity. If the PHI is not readily producible in the form or format you request, your record will be provided in a readable hard copy form.

Receive Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

Request Amendments. If you feel the PHI First Step Behavioral Services has is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided above and it must provide the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Accounting of Disclosures. You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. The first accounting of disclosures you request within any 12- month period will be free. For additional requests within



the same period, we may charge you for the reasonable costs of providing the list. We will inform you of costs in writing and you have the right to forfeit or modify the request before the costs are incurred.

Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about your treatment, payment, or health care operations. First Step Behavioral Services is not required by federal regulation to agree to your request. If we do agree with such request, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom the restriction applies.

Request Confidential Communications. You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you.

Paper Copy of This Notice. You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice by contacting the **First Step Behavioral Services at 919-824-0552.**

Changes to this Notice. First Step Behavioral Services reserves the right to modify and change this notice. We reserve the right to make the modified notice effective for PHI we previously retained as well as for any PHI we create or receive in the future. A copy of our current notice of privacy practices is accompanied with the First Step Behavioral Services Start of Care forms.

Complaints. If you believe privacy rights have been violated, you may file a complaint with the First Step Behavioral Services, at the address above or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201. Call (202) 619-0257, or toll free, at (877) 696-6775 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/ for more information. **You will not be penalized for filing a complaint.**

Licensed Psychological Associates - Level 3 in North Carolina are subject to one hour of supervision per quarter by a Licensed Psychologist, or in special circumstances, a Licensed Psychological Associate.



ACKNOWLEDGEMENT OF RECEIPT OF *NOTICE OF PRIVACY PRACTICES*

Client ID:

I acknowledge that I have read and/or received a copy of the **First Step Behavioral Services** *Notice of Privacy Practices*.

Relationship to the client:

Signature:

Printed Name:

Date:

Please submit all requests or questions regarding HIPAA privacy policies in writing to:

First Step Behavioral Services
Email at: Info@firststepbehavior.com
Or
First Step Behavioral Services
P.O. Box 416
Butner, NC 27509

*Please note: There may be a charge for transferring medical records



Telehealth Informed Consent

I, _____ hereby consent to participate in telehealth with First Step Behavioral Services as part of the assessment and evaluation process. I understand that “telehealth” includes the practice of health care delivery, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telehealth also involves the communication of my medical/mental health information, both orally and visually, to psychologists or Board Certified Behavior Analysts (BCBAs). I understand that AI tools may be used to help take notes and summarize virtual meetings, like Zoom sessions. These tools do not record or save the meeting but help keep clear and accurate records. I understand that I have the following rights with respect to telehealth:

- (1) I have the right to withhold or withdraw consent at any time without affecting a client’s right to future care or treatment nor risking the loss or withdrawal of any program benefits to which a client would otherwise be entitled.
- (2) The laws that protect the confidentiality of medical information also apply to telehealth. As such, I understand that information disclosed is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where a client’s mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without my written consent.
- (3) I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. In addition, I understand that telehealth-based services and care may not be as complete as face-to-face services. I also understand that if my provider believes a client would be better served by another form of therapeutic services (e.g., face-to-face services) the client will be referred to a provider who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of therapy, and that despite my efforts and the efforts of my provider, a client’s condition may not be improved, and in some cases may even get worse.
- (4) I understand that a client may benefit from telehealth, but that results cannot be guaranteed or assured.
- (5) I understand that a client or his/her representative has the right to access client medical information and copies of medical records in accordance with federal and state Privacy laws. I have read and understand the information provided above. I have discussed it with my BCBA, and all my questions have been answered to my satisfaction.

Relationship to the client:

Signature:

Printed Name:

Date:

CLIENT RIGHTS AND RESPONSIBILITIES

Confidentiality

North Carolina law protects the privacy of communications between a client and a psychologist. Every effort will be made to keep your evaluation and treatment strictly confidential. In most situations, First Step Behavioral Services (FSBS) will only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements. In the following situations, no authorization is required

- a) On occasion, your clinician may find it helpful to consult with another health or mental health professional. During such a consultation, every effort is made to avoid revealing the identity of the client. The other professional is legally bound to keep the information confidential. If you don't object, it is our policy to tell you about such consultations only if it is important to you and your therapist working together. All consultations are noted in the client's FSBS record.
- b) You should be aware that from time to time FSBS may establish a contract with an outside agency to perform services, and protected information may be shared with them. As required by HIPAA, FSBS will establish a formal business associate contract in which they promise to maintain the confidentiality of this data except as specifically allowed in the contract or otherwise required by law. If you wish, I can provide a blank copy of this contract. Disclosures to collect overdue fees are discussed elsewhere in this agreement.

Limits of Confidentiality

There are unusual situations where FSBS may be required or permitted to disclose information without your authorization. These include:

- a). If we have knowledge, evidence, or reasonable concern regarding the abuse or neglect of a child, elderly person, or disabled person, it is required to file a report with the appropriate agency. Once such a report is filed, we may be required to provide additional information.
- b). If a client communicates an explicit threat of serious physical harm to a clearly identifiable victim or victims, and has the apparent intent and ability to carry out such a threat, FSBS may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.
- c). If we believe that there is an imminent risk that a client will physically harm himself or herself, we will also take protective actions (See Emergency Care and Crisis Situations).
- d). Although courts have recognized a therapist-client privilege, there may be circumstances in which a court would order FSBS to disclose personal health or treatment information.

We also may be required to provide information about court-ordered evaluations or treatments. If you are involved in, or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order FSBS to disclose information.

- e). We are required to provide information requested by a legal guardian of a minor child, including a non-custodial parent.
- f) If a government agency is requesting information for health oversight activities or to prevent terrorism (Patriot Act), FSBS may be required to provide it.
- g) If a client files a complaint or lawsuit against FSBS or professional staff, FSBS may disclose relevant information regarding the client in order to defend itself. If any of these situations were to arise, FSBS would make every effort to fully discuss it with you before taking action and would limit disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions you have with us now or in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

Also, FSBS and Carol E. Williams will not release copyrighted test information or raw data to you or your representative without a subpoena. Because these are professional records, they can be misinterpreted. For this reason, FSBS and Carol E. Williams recommends that you initially review them in the presence of your therapist or have them forwarded to another mental health professional so you can discuss the contents. FSBS and Carol E. Williams keeps no additional notes (sometimes called psychotherapy or progress notes) beyond the clinical record. In most circumstances, FSBS and Carol E. Williams is allowed to charge a copying fee for reproducing your records.

HIPAA provides you with several new or expanded rights with regard to your clinical records and disclosures of protected health information. These rights include requesting that the FSBS amend your record; requesting restrictions on what information from your clinical records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures were sent; having any complaints you make about FSBS policies and procedures recorded in your records, and the right to a paper copy of this Agreement, the attached Notice form, and our privacy policies and procedures. Your therapist or Carol Williams will be happy to discuss any of these rights with you.

Fees, Billing, and Payment Policy

Psychological and Behavioral Services: \$150 per hour

Payment is due at the time of service. As a courtesy, First Step Behavioral Services and Carol E. Williams will bill and accept insurance payments; however, any non-covered or rejected claims are the responsibility of the client.

Summary of Client Responsibilities

As a client of FSBS, you agree to:

1. Keep appointments and actively participate in your care.
2. Never bring a weapon of any sort to FSBS locations.
3. Ask questions right away if you are uncertain about your evaluation, therapeutic process or any FSBS policy.
4. Pay agreed upon evaluation and treatment fees or make arrangements to do so.

Informed Consent

Your signature below indicates that you have read this agreement and agree to its terms. These matters have been explained to you and you fully and freely give consent to receive FSBS evaluation and/or treatment services.

Name of Client(s) please print

Signature of Client

Date