

**Informed Consent, Notice Of Privacy Practices, and Rights and Responsibilities**

**Services**

Brave Space counselors serve transgender and non-binary children, youth, adults, and their families. We believe that providing access to services that meet the specific needs of this population helps increase family connection and resiliency, improve lifelong health outcomes, and increases well-being.  Services can include individual, family, or couples work, support groups, assessments for medical transitions, case management, advocacy, and referrals to other providers.

Brave Space counselors have varying educational backgrounds. You may work with graduate interns who are pursuing their master’s degree, counselors seeking licensure, or licensed professionals. Each counselor contracts with you individually and has their own fee scale and philosophy, and will provide you with a personal disclosure statement that tells you more about them. You are always able to request other clinicians if your first clinician does not suit your needs.

**Eligibility for Service**Your counselor welcomes and embraces all identities including those based on race, gender, socioeconomic status, beliefs, ability, national origin, sexuality, relational status, education, or age. Your counselor acknowledges the lack of specific services for transgender people and their families even in the specialty of LBG care, and therefore prioritizes services for people identifying as such. People who do not identify with a diverse gender identity or are connected to someone who does will be seen on a case-by-case basis, as space allows, and as long as these individuals can maintain a therapeutic space free from microaggression, harm, discrimination, or threat of harm.

**Collaboration in Brave Space**

Brave Space creates community and facilitates improved access to knowledgeable and expert providers in a multitude of service areas, including but not limited to: psychology, voice coaching, acupuncture and massage, medication management, support groups, peer mentorship, occupational therapy, legal aid, housing and employment support, and aesthetics. Providers have signed an agreement and have been vetted to have affirming care practices for our population. All providers are independent professionals in charge of their own business practices, contact information, fee schedules, and scheduling. Each provider will contract with you independently for services. Each provider is responsible for protecting your information independently from others, and clients may choose to allow the release of information between providers. Engagement in one service does not automatically enroll clients in other services. Providers may refer clients to other Brave Space providers as requested or deemed beneficial to the client. Client engagement in referred services is completely voluntary and may be terminated at any time; however, we ask to have one closing session with you to maximize the change in relationship.

**Scheduling**

To schedule with your counselor, please contact 503.486.8936, or the email found on their website, at [www.bravespacellc.com](http://www.bravespacellc.com). Your counselor may provide reminders by message, text or email with your permission. Please note that electronic forms of communication such as email and text are not as confidential as phone, and may be seen by third parties, or stored on third party servers. Use of these types of communication is voluntary.

**Cancellation and No-Show Policy**

You are responsible for keeping your appointment and arriving on time. In the event you cannot keep your appointment, it is your responsibility to notify your counselor with 24 hours advance notice to reschedule your appointment. If you do not provide 24 hours notice or no-show, you may be billed independently of your insurer for the missed session. Failure to pay may result in termination of services. If you are more than 15 minutes late, your counselor may ask that you reschedule your appointment.

**Fees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Graduate Intern | Unlicensed Professional | LPC, LCSW, LMFT | PsyD, MD |
| Intake (2 hr session) | $100 | $145 | $145 | $160 |
| Hour long sessions | $100 | $145 | $145 | $160 |
| Assessment for Medical transition (conducted by licensed staff) | $200 | $200 | $200 | $200 |
| Case Management | $25/15 min | $35/15 min | $35/15 min | $40/15 min |
| Groups | $40/quarter | $40/quarter | $80/quarter | $80/quarter |

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| --- | --- | --- | --- | --- | --- | --- |
| **Annual Income Thresholds by Sliding Fee Discount** | | | | | | |
| **Charge** | | | | | | |
| **Family Size** | **$0-5** | **$15**  **$20**  **$30**  **$50** | **$25**  **$30**  **$50**  **$70** | **$35**  **$50**  **$80**  **$100** | **$45**  **$80**  **$110**  **$130** | **$60**  **$100**  **$145**  **$160** |
| **1** | 0-$11,770 | $11,771-$14,713 | $14,714-$17,655 | $17,656-$20,598 | $20,599-$23,540 | $23,541+ |
| **2** | 0-$15,930 | $15,931-$19,913 | $19,914-$23,895 | $23,896-$27,878 | $27879-$31,860 | $31,861+ |
| **3** | 0-$20,090 | $20,091-$25,113 | $25,114-$30,135 | $30,136-$35,158 | $35,159-$40,180 | $40,181+ |
| **4** | 0-$24,250 | $24,251-$30,313 | $30,314-$36,375 | $36,376-$42,438 | $42,439-$48,500 | $48,501+ |
| **5** | 0-$28,410 | $28,411-$35,513 | $35,514-$42,615 | $42,616-$49,718 | $49,719-$56,820 | $56,821+ |
| **6** | 0-$32,570 | $32,571-$40,713 | $40,714-$48,855 | $48,856-$56,998 | $56,999-$65,140 | $65,141+ |
| **7** | 0-$36,730 | $36,731-$45,913 | $45,914-$55,095 | $55,096-$64,278 | $64,279-$73,460 | $73,461+ |
| **8** | 0-$40,890 | $40,891-$51,113 | $51,114-$61,335 | $61,336-$71,558 | $71,559-$81,780 | $81,781+ |

Sliding Scale is offered based on rates outlined above to those not using insurance to pay for services. Sliding scale is offered as space allows. Teens who are independent of parent finances and do not have their own source of income may be eligible for up to 8 sessions of $0 payment.

**Insurance**

Brave Space is contracted In Network with various insurance companies and may be able to bill your insurance for part or all of your fees. Clients using insurance must pay the full prices listed above and are NOT eligible for sliding-scale. You are responsible for paying for 100% of fees if still within your deductible, any co-pays you may have, and/or any remainder after co-insurance is collected. You are ultimately responsible for knowing these details of your insurance coverage.

**Payment of Fees**  
Payment of fees you are responsible for is due upon the date of service. Your counselor may choose to reschedule your appointment if you are unable to pay for the service. If you have a balance on your account, you will receive a statement. All accounts are due and payable within 14-days of notification. If you have questions regarding the payment of fees, please discuss them with your counselor. Please discuss any concerns you may have regarding payment BEFORE it becomes delinquent.

If a client fails to be responsible for the account, and it is necessary to place a delinquent account into the hands of a collection agency/attorney, the client agrees to pay all court costs affixed by the court.

Your counselor accepts Cash, Checks, Credit card (Visa/MC, American Express, Disco, Health Accounts)

Checks should be made out to “Brave Space, LLC.”

**Notice:** There will be a $25.00 fee assessed for NSF/Returned checks.

**Supervision of Children – Ages 12 and Under**

There is no childcare on premises during your session.  Children must be supervised by a parent or guardian at all times when not in the company of their counselor.  Children may not be left unattended in the lobby at any time.  Sometimes, counseling sessions can be difficult for children.  For this reason, we require parents/guardians of children under 12 to wait in the lobby while your child is in a group or individual session in case the child wants comfort or to check-in with you.

**Harm-Free Space**

Your counselor is dedicated to helping transgender and genderqueer people and their families access welcoming and affirming care.  They value working with all family members to maximize these outcomes. In the early stages of this process, there are often times when this is best accomplished by individually serving family members so that you may fully process your experience while any unintentional harm may be minimized. Your counselor will work with your family to find the types of counseling that will best serve all family members. Your counselor asks that you remain open to our recommendations, so that your family’s connection and resiliency may be prioritized.

In the event that any person’s statements, actions, or beliefs continue to be harmful to any other person on site, your counselor reserves the right to make recommendations for continuing services in a different manner, terminate services with this person, or refer the person to another provider.

**Alcohol and Drug Policy**

Your counselor recognizes people’s choices to use recreational drugs or medication to ease the effects of pain, trauma, or stress. We commit to helping you meet your goals to reduce pain or trauma in order to need fewer remedies. We recognize that services are sometimes not as effective when people are intoxicated, and intoxication can trigger others accessing services. In the event that a person’s intoxication is impeding their care or is negatively impacting other people’s experiences at Brave Space, your counselor reserves the right to continue providing services in a different manner, set expectations for sobriety, or refer you to other providers.

**About Counseling**

Your counselor believes that connection and support are key elements to increasing wellbeing. Some people have these elements already, while others appreciate the support of trained professionals. A wide range of services are available at Brave Space to help meet all people where they are at, and support you as you need it.

**Risks, Benefits and Expectations:**

* While your counselor may offer tools for change, it is your responsibility to practice the tools.  You have the right to refuse any technique or negotiate modification of any technique that you believe may be inappropriate for you.
* As a client you have the right at anytime to discuss the positive and negative effects of counseling with your counselor.
* It is important you are aware that there are risks involved in the counseling services offered.  You may experience interruptions in your daily patterns. Your social relationships may enter moments of conflict, in order to work through differences. Some clients experience worsening symptoms as they work through them, before they get better. You may be frustrated by how quickly or slow the process is moving. You may feel that outside forces are inhibiting your movement forward, or are causing disruptions in your life. At times, you may feel out of control of the process.
* You will also experience benefits to engaging in counseling. Many people experience a significant increase in the connection, support, and togetherness they feel. You may feel like you are not alone. You may gain insight, information, and resources that help you know your path forward. You may increase the open communication between family members. You may experience relief from pain, worry, sorrow, despair, and hopelessness. You may see hope and potential for your future. You may find an interest in giving back to your community.
* The nature of counseling relationships is time-limited. There will be a time that the relationship with you counselor ends, and this may feel pre-mature or may bring up feelings of loss or abandonment. You have the right to end your counseling relationship at any point.  Should you and/or your counselor believe an outside referral is needed, referrals will be made either within the agency or to another agency more appropriate for your needs.
* It is your responsibility to follow-up on outside referrals or recommended resources.
* You will be best served if the sessions concentrate exclusively on your concerns.
* Your counselor is not permitted to provide their personal telephone number or email address to clients.  In case of an emergency you will be given the contact information for a 24-hour crisis line in your vicinity.
* **This crisis line will NOT be directly or indirectly affiliated with Brave Space or your counselor in any way.**

As with adults, children & youth may experience interruptions in their normal patterns, feelings, and social/familial relationships during the course of counseling. The following list highlights common effects or responses to counseling:

* They may talk about feelings and thoughts and ask questions regarding their gender identity that they may not have shared with family members before.  Discussing these issues may be emotionally stressful for family members, and we encourage you to process this in your sessions with your counselor.
* They may use new words and ideas they have learned in counseling to define behaviors of people around them, including family members.  This can be challenging for family members who may feel criticized by their child.
* They may behave in a more assertive way (or what seems to them to be assertive).  For example, a child may resist unwanted touch as part of maintaining safe personal space. They may display intensified behaviors (acting out or withdrawn) after counseling/group sessions that were emotionally stressful for them.
* It is important that children feel validated and supported (not punished) during these times. Your counselor is available to discuss ways to support your child after difficult sessions.

**Professional Relationships**

Although counseling services may be very personal and you may feel close to your counselor, the relationship between you and your counselor is professional rather than social.  Contact with your counselor will be limited to counseling or group sessions, office phone calls, or appointments scheduled during office hours.

**Dual Relationships in Small Communities:** When working in small communities, it is expected that a counselor and client may see each other in personal or collegial settings. Because the information gathered from these external meetings can negatively impact the therapeutic relationship, Brave Space counselors will make every effort to minimize the chances of such meetings. If a counselor and client—past or present—meet in a personal or collegial setting, the counselor will follow the client’s lead on whether and how to address their therapeutic relationship in the larger setting. If the meeting occurs when both counselor and client are members of the setting (ie a public event, in a support group, at a mutual friend’s house, on online dating sites, etc), the counselor will seek supervision, and may set boundaries with the client about who will attend future meetings within that setting, and when. Because both client’s and counselor’s involvement in spaces that support marginalized communities is important, all decisions will be made on a case by case basis. In the event that a client—past or present—continues to be in a personal or collegial space where the counselor may not minimize contact, the counselor may refer a client to another provider to minimize the influence of the dual relationship.

**Statement of Confidentiality**

Confidentiality is defined as keeping private the information shared between client and counselor. Counselors providing services to minors will respect this definition of confidentiality. As a client, or legal guardian of a minor, you have the right to withhold or release information to other individuals or agencies.  A statement signed by you is required before any information may be released to anyone outside the agency, with the following exceptions as required by law:

* When a court of law subpoenas information shared by you or your child (files or testimony).
* Information required by probation, parole, or DHS (if you are mandated for services).
* Suspected child abuse and neglect (this includes domestic violence within the proximity of a child which the state considers failure to protect).
* Suspected abuse, neglect, or exploitation of elderly persons (65 or older) or a person with a disability.
* Sexual exploitation by a mental health provider.
* Authorized disclosure (with a Release of Information form on file).
* You are an imminent danger to yourself or others (suicidal or homicidal).
* Information provided for professional consultation and/or supervision of interns.
* If you are a minor, access to your records by parents.

When possible, your counselor will inform you of any need to share information regarding your care.

**Telephone Confidentiality**

In the event that your counselor must telephone you for purposes such as appointment cancellations or to give/receive other information, efforts are made to preserve confidentiality and safety.  We will ask how we may reach you by phone and how you would like us to identify ourselves.  For example, you might request that when we phone you at home or work, we do not say the agency name or the nature of the call, but rather your counselor’s first name only.

If this information is not provided to us, we will adhere to the following procedure when making phone calls: 1) we will ask to speak to you (or your guardian) without identifying the agency name, 2) If the person answering the phone asks for more identifying information we will say that it is a personal call, 3) We will not identify the agency to protect confidentiality, 4) If we reach an answering machine or voice mail we will follow the same guidelines.

**Supervision**

Graduate interns and clinicians seeking licensure are under the supervision of a licensed professional. They are expected to share certain information with their supervisor, including reports of harm, dynamics that need consultation, family patterns, drug use, and other elements for which they need clinical guidance. This information will be protected in their clinical file. You have the right to know the name and contact information for the supervisor, and you may contact them if you have any questions or concerns.

**Research and administrative use of information**

We may use information collected from clients for research or statistical purposes and reports generated for grants and other administrative purposes. All data used for these purposes will remain confidential and anonymous; **no identifying information will ever be used unless client permission is obtained.** Information reported for research or administrative purposes will be in aggregate form and will not be traceable back to individual clients.

**About Medical Assessments**

Your counselor believes that above all else, clients and families should be fully informed about the processes involved with medical transition for transgender and gender diverse people.  We focus our medical transition assessment on obtaining information about the client and family that may support or complicate medical transition, and help clients and families understand the risks, benefits, options, and steps involved in the procedures.  We understand the longer term aspects that clients should consider when making decisions to medically transition, and take care to bring these elements up in our assessment.  We make every attempt to helπp the whole family feel prepared for the procedure, when indicated, and also recognize that everyone within a family will feel prepared in their own time.  We help clients and families find the path forward that is reasonable for as many members as possible, while ensuring that we do not deny access to care.

Assessments are scheduled for two hour time slots with a licensed professional. The assessment will review mental health history and current functioning, gender identity history, the family constellation, drug and substance use information, prior counseling experiences, family and client motivation, and plans for supporting the procedure. If more time is needed, an additional session will be scheduled at the standard rate for counseling.

The assessment will result in a treatment recommendation.  This recommendation MAY include a referral letter to and consultation with a medical provider, additional assessment, ongoing counseling, counseling for caregivers, or a referral to other providers.  If ongoing counseling is indicated, you may continue services with your counselor, or choose to be referred elsewhere. Your counselor will make every effort to assist the family in moving towards a referral to a medical provider, while providing support for family readiness, and caring for other dynamics that may complicate the procedure.

If a referral to a medical provider is indicated after the assessment, your counselor will assist clients and families in choosing a medical provider, if you have not chosen one already.  We request that families sign a release of information for the medical provider, so that we may collaborate with the provider to give you the best possible care.  Your counselor will formulate the information gathered from the assessment into a letter of recommendation, which includes information about your ability to consent to treatment, your readiness for the treatment, recommendations for supporting other elements of your life while pursuing treatment, information about your support network, and a diagnostic impression.  We also include any requests you would like to make regarding name, pronoun, and language or care requests.  We will provide you with a copy of the letter to review and edit at your request. We will fax the letter to your provider and will offer consultation.

If you do not continue counseling services, your counselor requests that clients and families agree to follow up with us 1-3 months after your procedure, to let us know how you are doing.  We also are available to provide counseling to you as you transition, as it brings with it dynamics that can be confusing, strange, or create unforeseen challenges.

**About Distance Counseling (Teletherapy)**

Your counselor may use HIPAA compliant software to provide online teletherapy to serve clients in rural parts of Oregon who do not have access to sensitive care in their community or viable transportation to appointments. If you request this service and it is deemed appropriate, you can expect:

* To be given information about how to use the teletherapy tool prior to the session.
* You are responsible for securing a private space in your area to conduct the session, and you are responsible for the confidentiality of your side of the session.
* The counselor will conduct their service from a closed room with proper devises to ensure confidentiality at Brave Space.
* The counselor will ensure that they are conferencing with the appropriate client, and have permission to speak with any other members who are present.
* The teletherapy session is encoded and secure, and will not be stored on any server. At the end of your session, it will be deleted and will not be added to your health record. It will not be able to be reviewed by other staff; however, counselors have the right to consult with other providers about the content discussed in your session.
* Declining the use of this service will not affect any other services you wish to receive.
* State laws governing the practice of Oregon clinicians limit the ability to serve across state borders. Because of this, distance counseling is only offered within the state of Oregon at this time.
* If there is a technology failure before, during, or after your session, please call 503.486.8936 to attempt to continue your session.
* If you are experiencing a crisis and lose connection with the counselor, please call your local crisis line until we can resume contact.

**Client Bill of Rights**

Clients of counseling or therapy services offered by Oregon licensees have the right:

* To expect that a licensee has met the minimum qualifications of training and experience required by state law;
* To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
* To obtain a copy of the Code of Ethics;
* To report complaints to the Board;
* To be informed of the cost of professional services before receiving the services;
* To be assured of privacy and confidentiality while receiving services as defined by rule or law, including the following exceptions:
  + Reporting suspected child abuse;
  + Reporting imminent danger to the client or others;
  + Reporting information required in court proceedings or by client's insurance company or other relevant agencies;
  + Providing information concerning licensee case consultation or supervision; and
  + Defending claims brought by the client against licensee;
* To be free from being the object of discrimination on any basis including age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status while receiving services.

In addition to all applicable statutory and constitutional rights, every individual receiving services has the right to:

* Choose from available services and supports, those that are consistent with the Service Plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the individual’s liberty, that are least intrusive to the individual and that provide for the greatest degree of independence;
* Be treated with dignity and respect;
* Participate in the development of a written Service Plan, receive services consistent with that plan and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and to receive a copy of the written Service Plan;
* Have all services explained, including expected outcomes and possible risks;
* Confidentiality, and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50.
* Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:
  + Under age 18 and lawfully married;
  + Age 16 or older and legally emancipated by the court; or
  + Age 14 or older for outpatient services only. For purposes of informed consent, outpatient service does not include service provided in residential programs or in day or partial hospitalization programs;
* Inspect their Service Record in accordance with ORS 179.505;
* Refuse participation in experimentation;
* Receive medication specific to the individual’s diagnosed clinical needs including medications used to treat opioid dependence;
* Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
* Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
* Have religious freedom;
* Be free from seclusion and restraint;
* Be informed at the start of services, and periodically thereafter, of the rights guaranteed by this rule;
* Be informed of suicide risk;
* Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative, assist with understanding any information presented;
* Have family and guardian involvement in service planning and delivery;
* Make a declaration for mental health treatment, when legally an adult;
* File grievances, including appealing decisions resulting from the grievance;
* Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
* Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority; and
* Exercise all rights described in this rule without any form of reprisal or punishment.

Notification of Rights: The provider must give to the individual and, if appropriate, the guardian, a document that describes the applicable individual’s rights as follows:

* Information given to the individual must be in written form or, upon request, in an alternative format or language appropriate to the individual’s need;
* The rights, and how to exercise them, must be explained to the individual, and if appropriate, to her or his guardian; and
* Individual rights must be posted in writing in a common area.

**Right to Declare Mental Health Treatment**

Oregon has a form that you can fill out and sign now to protect yourself when you may be in crisis and are unable to make your own treatment decisions. This form is called a **Declaration for Mental Health Treatment.** This form allows you to tell Brave Space and other professionals how you would like to be treated in case of an emergency. If you would like to fill out this form, you can request it from your counselor at any time.

**Custody Evaluations & Legal Proceedings**

The purpose of counseling is to provide emotional and therapeutic support to you and family. We do not take sides in legal proceedings, provide custody evaluations, or make statements about caregiver’s parenting abilities. Our ability to support your family’s well-being can be compromised if we are asked to disclose personal information shared in the child or youth’s private sessions.  Your child may feel a burden of responsibility if information that they have shared in counseling is used to determine a custody arrangement.

All legal guardians have the right to access documentation about the child’s service, if the child is under 18. This includes non-involved caregivers who still have legal custody, DHS caseworkers, or other family members who have been granted guardianship. We believe that children trust the counseling process more when they have a sense of privacy, and we encourage caregivers to allow for this privacy. However, if a legal guardian makes a formal request for records or a subpoena is provided to your counselor, they are mandated to provide this information.

Your counselor does not provide child abuse interviewing or investigations, or custody evaluations. If you are in need of these services, we will refer you to a neutral third party.

**Note:** While it is important for you to be aware of ethical limitations preventing us from taking sides in legal proceedings, your counselor may refer you to organizations that can provide expert testimony with regard to gender identity and generalized “friend of the Court” information.

**Registering to Vote**

Brave Space can help you register to vote. Simply request a form from your counselor or the front desk staff.

**Ethics and Grievances**

All counseling services will be rendered in a professional manner consistent with accepted ethical standards.  It is impossible to guarantee any specific results regarding your goals. However, together you and your counselor will work to achieve the best possible results for you. All clients are entitled to an equitable and fair complaint or grievance procedure for: denial, reduction, suspension, or termination of services; the denial of payment for service; failure to receive services within a timely manner; or the denial of services within a reasonable service area.

Clients or their personal representatives may indicate their grievance or complaint in verbal or written form to the Brave Space compliance officer:

Kate Kauffman, LPC, Owner

Brave Space, LLC

503.486.8936

kate@bravespacellc.com

Within 5 working days of your submission, a Brave Space representative will notify you in writing of our decision and any actions to be taken. If an extension is needed, we will notify you at this time, and may take up to 14 additional days to consider your appeal. You may request an appeal of this decision within 10 working days of the date of decision by submitting an appeal in writing to the site supervisor. We will notify you within 1 day that we received your appeal. We will notify you within 10 working days of submission of our decision or any actions to be taken.

In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.

During this time, you or your representative are entitled to view your health record. We will provide reasonable support in helping you file. You or your personal representative will not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include, but is not limited to, dismissal or harassment, reduction in services, wages or benefits, or basing service or a performance review on the action. You or your personal representative are immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.

You are also entitled to file your grievance with the following agencies:

Department of Medical Assistance Program (DMAP): 800-273-0557

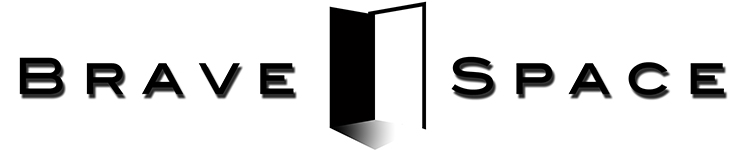
Division Complaints Representative, Ann Brown 503-945-6927

Health Share of Oregon/CareOregon: 503-416-8090 TTY/TDD 800-735-2900

Disability Rights Oregon: Voice: **503-243-2081** TTY users: dial **711**

Governor’s Advocacy Office: (800) 442-5238

Your insurance member services number listed in your member handbook

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**Consent to Treatment, Receipt of Privacy Practices, and Agreement to Fee Schedule**

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| --- |
| **Initials**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Consent**

* I have read and understood this consent form and have had an opportunity to have my questions answered.
* I have been given a copy of this consent agreement for my records, which includes the risks and benefits of care, limits to confidentiality, my client rights, information about grievances and appeals, and the right to vote, and I agree to and understand their meanings and ramifications.
* I have been given an opportunity to complete a declaration for mental health treatment.
* I voluntarily enter myself and/or my children into non-residential services with Brave Space, LLC.  It is without any pressure or coercion that I sign this consent.
* I have been given the opportunity to register to vote.

**Rights/Responsibilities**

I acknowledge that I have received a copy of the Notice of Privacy Practices or have had an opportunity to review them. I have been informed of my rights and responsibilities and have had the ability to have my questions answered.

**Fee Agreement**

* I understand that payment for services are due upon the date of service. I understand that my insurance may cover all, a portion, or none of these fees.
* I understand that I am eligible for sliding-scale services based on income when not using insurance.
* I understand that I am responsible for paying \_\_\_\_\_\_\_\_\_ at the time of service, and that if I fail to pay, services may be suspended or terminated.
* I understand that I will be sent an invoice for uncollected fees, and payment is due 14 days after receipt.

**Electronic Communication**

I understand that email and texts are not as confidential forms of communication, and that they may be seen by third parties, stored on third party servers, or included in my health record. I authorize the following use of email and text between myself and my counselor:

Do not use text or email  Texts for Scheduling Emails for Scheduling

Emails for the communication of sensitive information

Emails for sending sensitive information to Providers with an ROI on file

**Authorization to Release Information to Insurance for Billing**

I authorize Brave Space, LLC, to provide information to my insurance company and/or 3rd party billing companies for the purpose of billing, quality assurance, and auditing. This may include basic demographic information, previous names and gender designations, diagnoses, case notes, assessments, and treatment plans.

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Signature of Adult or Legal Guardian Date

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Signature of Youth (14-18) Date

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Printed Chosen Name of Primary Client DOB