

# Consent for Services

## Oasis Counseling International

(Revised 09-14-16)

*Oasis Counseling International (Oasis) exists to offer a safe place for weary travelers to pause, reflect, and engage in psychological and spiritual healing; facilitating restoration to their God-designed potential and destiny. Oasis employees seek, through Christ, to be a safe place of refreshment by providing excellent and compassionate mental health services. Oasis seeks to offer distinctive services in our community by demonstrating and promoting the virtues of love, integrity, and selflessness. All of our counselors work from a Judeo-Christian worldview, and this deeply impacts how we view people and their struggles.*

### CODE OF ETHICS

Oasis Counseling International will, at all times, work to carry out our Mission with the highest standards of business, marketing, employment practices, service delivery, and professional responsibilities in order to protect the people served, community, and our employees. Therapy and in-home family services will be delivered using methods shown to be effective by research-based evaluations and/or field recognition. All mental health practitioners are required to be licensed by the State of Nebraska and follow the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct.

### HOLISTIC COUNSELING

Counselors at Oasis strive to practice holistic counseling. This involves addressing the following four general areas of life: **spiritual, psychological, social** (school, parents, extended family, etc.), and **physical** (both biological and environmental/financial). We recognize that our struggles often overlap in several of these areas, and we ask your permission to bring them into the therapeutic relationship as necessary. The spiritual area, as with all the other areas, is handled on an individual basis. We acknowledge that people hold differing beliefs regarding spiritual issues, and we seek to be sensitive and appropriate when we approach this or any other issue. While we do not take the position that all problems are spiritual, we believe that all areas of life are impacted by spiritual struggles, just as a broken leg would impact all other areas of someone's life in some manner. As a result, when we have the client's permission and feel it is appropriate, we may pray with them or share scriptural truths.

### YOUR CHOICES

Therapists will provide you with information on a regular basis to assist you in making decisions about your treatment plan. All clients have the right to refuse, consent, or express their choice in regard to any aspect of services, including release of information, participation in more than one service, or who is on their treatment team.

### CLIENT INPUT

Developing an informed trust relationship and maintaining that relationship with you and your family is crucial for successful treatment outcomes. Therefore, Oasis believes in having all treatment planning and progress discussions with you present, unless it is therapeutically unwise. Your input will be obtained during the assessment process by completing a detailed interview and questionnaire focusing on your background. Your input regarding goal achievement will be obtained through direct involvement in the development of your treatment goals and regular evaluation of your progress. Oasis would welcome your input on the Client Satisfaction Survey you will receive after ending therapy.

### THE COUNSELING PROCESS

While the process of healing and change will look different for each person, we believe change happens as a result of God's work in each person's life. Some people will find immediate relief in therapy, and for some it could actually appear that things are getting worse before they get better. This should not be seen as a reason to quit or think you are not making progress, as pain and dysfunctional patterns often need to be magnified and made clear before positive change can occur. If this happens or if you have concerns about your therapy, feel free to talk with the receptionist or your therapist to discuss possible transfer to another therapist.

After an initial assessment of your strengths, needs, ability, preferences, and social supports, a formal diagnosis is offered and a treatment plan is developed with you based on these areas. Therapy is then a shared responsibility, integrating your direction and the guidance of your therapist. As treatment goals are reached and maintenance is achieved, therapy will include a phase-out transition process toward ending therapy. A final therapy session will be used to bring closure for you and your provider and to review your plan for the future.

If, over time, your therapist believes that you are ignoring his/her counsel or, on the other hand, you find that you disagree with your therapist's approach to the counseling process or feel disconnected, it will be important for you both to question whether it is best for you to remain with the agency or seek help elsewhere. If a decision is made to end therapy, we ask that it be a mutual decision between yourself and your therapist and that you commit to one final appointment to bring closure. One reason we ask for a final session is to safeguard against therapy ending prematurely that can result from a desire to escape when difficult issues arise.

### MEDICATION

Oasis is a medical behavioral health agency. It is the policy of Oasis that only our licensed psychiatrist(s), nurse practitioner(s), and nurse(s) may practice the prescription of medication and the subsequent reviews and management of medications. No other employees, volunteers, interns, or contracted staff may practice the handling, prescription, dispensing, control, or administration of

medications to persons served at Oasis. Providers may recommend a medical evaluation or consultation and make a referral to a prescriber (at Oasis or otherwise) that may provide that service. Please keep any prescription medication that you carry with you, in your possession at all times.

## FINANCIAL POLICIES

The first initial appointment for a therapist is \$115 and the regular fee for *therapy* is \$98.00 per counseling appointment (and the first initial appointment for psychologist is \$145.00 and \$115.00 per regular appointment). The initial *psychiatric* appointment is \$170.00, and medication management appointments are \$65.00-\$95.00 per visit. You are to pay this amount for each appointment at the time of service, unless you qualify for the sliding fee scale or your insurance pays for all or part of this fee. Oasis cannot permit any client to fall behind on payments for an amount greater than the fee of one session (which must be paid prior to the next appointment in order to be seen). If your payment is overdue for more than this amount, you will be notified and given an opportunity to work out a payment plan. If you do not take advantage of this opportunity, you will be put on a waiting list until you are able to pay your bill or you follow through with making special arrangements with Oasis' finance department. Charges 120 days past due will be submitted to a professional collection agency unless other arrangements have been made for payment.

If you have private insurance and have met your deductible for the current year, you will be responsible for any co-pay, which is also due at the time of service. Oasis will file your charges with your primary insurance company as a service to you. You will need to follow up with your insurance company in 2 to 3 weeks to make sure that the claim is received and is being processed. You will also need to make sure that you keep our office updated on any new insurance information to avoid denial of a claim. If you are covered by insurance, you agree to pay for your appointments until the insurance coverage is verified, and at that time, your fee will be adjusted and any appropriate reimbursements will be made.

If your therapy is covered by a government agency, you are responsible to advise Oasis if your status with that agency(ies) changes (for example, switching from Medicaid to Magellan, or from Health and Human Services to Medicaid). If you fail to do so, you will be responsible for the payment of your therapy fees. If you are on Medicaid, you are required to show Oasis' receptionist your card for the current month.

The cost of any supplemental reading materials recommended in therapy is your responsibility.

In the event your therapist and/or his/her supervisor is subpoenaed (court or depositions), you will be required to pay each of the following:

\*\*Pay the therapist his/her regular hourly rate from the time he/she leaves the office until he/she returns.

\*\*Mileage (round trip from Oasis Counseling)

\*\*Hotel and meals (in the event travel distance requires overnight expenses)

By signing below, you authorize your insurance benefits to be paid directly to Oasis and indicate your understanding that you are financially responsible for non-covered services. You also authorize Oasis to release any information necessary to process insurance or employment assistance claims. (A photocopy of this authorization will be considered valid.)

## INSURANCE

I hereby authorize my **INSURANCE BENEFITS** to be paid directly to Oasis Counseling and understand that I am financially responsible for non-covered services. I also authorize Oasis Counseling to release any information necessary to process Insurance and Employee Assistance Claims. (A photocopy of this authorization will be considered valid.)

## SCHEDULING AND CANCELLING

We will typically schedule you into 45-50 minute appointment periods. If your needs are severe, you may feel the need for more contact with your therapist. Please address this issue with him or her. We ask that you never call your therapist at home and ask that, if you have an immediate need, you instead leave your name and number on your therapist's voicemail at **(402) 379-2030**. Whenever possible, your call will be returned within one day except during weekends and holidays.

If you must miss an appointment, we ask that you notify Oasis' receptionist at least (24) hours in advance, except for sudden illness or an official travel advisory. (For example, if your appointment is at 8 a.m. Tuesday morning, we ask that you leave a message by 8 a.m. Monday morning.) If you fail to attend an appointment or have an unexcused absence, you will receive a letter and/or call from your therapist and a **No-Show fee of \$15.00** will be added to your account. You are allowed one (1) absence per month; an additional absence within a month will usually result in being removed from your therapist's schedule and your file being closed.

## EMERGENCY/CRISIS SITUATIONS

If you have an emergency situation and our office is closed, you may call Oasis' Supervising Psychologist for Mental Health and Substance Abuse at **(402) 750-8037** or our Psychiatric Medication Management at **(402) 860-1375**. If the call does not connect please call **911** or go to your local emergency room for assistance.

## NON-VIOLENT PRACTICES POLICY

Oasis is committed to preventing workplace violence and maintaining a safe environment. We have adopted procedures and guidelines to deal with threats of or actual violence that may occur during business hours on our premises. Any aggressive behavior which violates Oasis' Violence in the Workplace Policy (available by request) and/or the rights of others is not tolerated. This policy specifically addresses, but is not limited to, shoving, pushing, hitting, using obscenities toward people, threatening, yelling, using obscene gestures, self-harm, or the intentional destruction of property. It is our policy that seclusion or physical restraint is not to be administered to persons served. The director and the staff reserve the right to permanently expel anyone if a violation is serious in nature, even if it is the first offense, and enforce consequences as stated in our Non-Violent Practices Policy for any violations. Law

enforcement may be called to intervene for any offense, if it is warranted.

## CONSENT FOR NOTICE OF PRIVACY PRACTICES

Oasis' Notice of Privacy Practices (also known as "HIPAA") provides information about how Oasis may use and disclose protected mental health information about you. You have the right to review this form before signing this consent, and you may request this at Oasis' reception desk. The terms of the Notice may change and, if they do, you may obtain a revised copy by contacting Oasis' receptionist. You have the right to request that we restrict your protected mental health information—how it is used or disclosed for treatment, payment, or healthcare operations. Oasis is not required to agree to this restriction, but if it does, Oasis is bound by that agreement.

By signing this form below, you consent to Oasis' use and disclosure of protected mental health information about you as described in Oasis' Notice of Privacy Practices. You have the right to revoke this consent in writing, except where Oasis has already made disclosures in reliance on your prior consent.

## CONFIDENTIALITY

Your therapist maintains a clinical file which contains pertinent treatment information that, along with information shared by a client with a therapist, is safeguarded for confidentiality by Oasis. The information within it will not be revealed to anyone without your expressed permission, except as listed below. Similarly, we will not seek information from other agencies or services without first receiving your permission. In order to provide you with the best possible treatment, there may be times when we will ask for your permission to exchange information with others. It is then up to you to decide whether to give your permission by signing a "Release of Information" form.

Oasis receives funding from a variety of sources, and demographic information concerning you and/or your family may be provided to your payment source(s)—such as HHS, Medicaid, Magellan, etc.—in keeping with contract requirements. When you sign this form, you give us permission to send this information. Oasis is also required to participate in periodic audits during which representatives follow strict standards of confidentiality.

The following is a list of several important exceptions to confidentiality. We want to make sure that you are aware of these exceptions and understand them before beginning treatment with us.

### EXCEPTIONS

- \*If we learn or suspect that a child or adolescent is a victim of physical, sexual, mental, or emotional **abuse** or **neglect**, the policy of Oasis requires therapists to report to Health and Human Services. In these instances, the therapist may encourage the family members to make the report themselves, if possible.
- \*If someone with whom we are working informs us about a specific intent to **harm** himself/herself, we reserve the right to inform other family members and/or make appropriate referrals if necessary.
- \*If we learn that someone with whom we are working intends to commit an act of violence that places **other(s) at risk**, we may take action to protect the intended victim against such danger, and inform the police.
- \*If information from your records is subpoenaed, we will attempt to contact you about the **subpoena**. If you oppose release of the information, a court may nevertheless require that Oasis comply with the subpoena.
- \*A **non-custodial parent** who wants to learn about his/her child's treatment may have the right to review the treatment records of the child and/or discuss the child with his/her therapist.
- \*Your therapist may discuss aspects or read documentation related to your evaluation or treatment with his/her **supervisor**, another Oasis provider, or treatment team as needed to assure quality care. Some therapists at Oasis are provisionally licensed by the State of Nebraska and may be supervised by Mark Stortvedt, Ph.D., and /or Tobin Streff LIMHP, LADC.
- \* If a client commits a **crime** against Oasis property or staff, his/her name may be disclosed to the police in making a report.
- \*The rights and exceptions to privacy are ethically applicable to information disclosed in **group therapy** formats and all group members are encouraged to keep such information confidential. There are times however, that Oasis may be required to share information regarding your treatment/progress with the Nebraska Department of Health and Human Services, the courts, etc. based on contract or legal requirements.

## STATEMENT OF YOUR CLIENT RIGHTS

Clients have the right to:

- Be treated with dignity, respect, and fairness, regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
- Have their involvement in treatment and their client information kept private. Only where permitted by law may records be released without a client's permission.
- Easily access care in a timely fashion, subject to availability.
- A clear explanation of their condition and treatment choices provided by Oasis, regardless of cost or coverage by their benefit plan.
- Share in developing their plan of care.
- Information provided in a language they can understand or referred to an alternative provider.
- Information about clinical guidelines in providing and managing their care.
- Ask their provider about his/her work history and training.
- Know about referral options appropriate for their treatment, advocacy/community groups, and prevention services.
- Freely file a complaint or appeal without consequence to them, and learn how to do so (by speaking to Oasis' Office Manager).

- Be accommodated within the ability of the agency to receive services that will not jeopardize their employment or education.
- Request certain preferences in a provider, treatment methods, and release of information.
- Have provider decisions made about their care without regard to financial incentives.
- Review their mental health record.
- Voluntarily participate in the treatment process with the right to end services.
- Freedom from mental, physical, or financial abuse or neglect by their service provider.
- Freedom from needless discharge, transfer, or termination.
- Freedom from restraint, seclusion, or physical punishment.
- Exercise these rights as a client.
- Give input on the Client's Rights and Responsibilities policy.

**STATEMENT OF YOUR CLIENT RESPONSIBILITIES**

Clients have the responsibility to:

- Treat those providing them care with dignity and respect.
- Give their provider all needed information so the provider can deliver the best possible care.
- Ask questions about their care to help them understand their care.
- Follow the treatment plan that is agreed upon by the client and provider.
- Follow the agreed-upon medication plan as prescribed by their primary care physician.
- Tell their provider and primary care physician about medication changes, including medications given to them by others.
- Keep their appointments. Clients should call Oasis' receptionist as soon as they know they need to cancel or reschedule a visit.
- Let their provider know when a treatment plan is not working for them.
- Let their provider know about problems with paying fees.
- Report abuse or fraud.
- Openly report concerns about the quality of care they receive.
- Follow rules regarding no possession of weapons, hazardous materials, or illicit substances on Oasis property.
- Maintain confidentiality of the identity and information of other clients disclosed in the process of group treatment.
- Request reasonable accommodation from Oasis to remove or reduce barriers that may limit access to services by contacting the Office Manager or receptionist.
- Only registered service animals or proof from doctor prescribing a therapy animal will be allowed on Oasis premises.

Printed client name:

***IF SIGNING AS GUARDIAN OR FOR A MINOR: I, \_\_\_\_\_, testify that I am the legal guardian of this client, and I give my consent to Oasis Counseling International to provide mental health services to this client and all other family members of my household who may be asked to participate in treatment.***

***I/WE HAVE BEEN GIVEN THE OPPORTUNITY TO READ ALL 4 PAGES OF THIS "CONSENT FOR SERVICES" AND AGENCY ORIENTATION FORM AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT IT. I/WE KNOW AND FULLY UNDERSTAND ITS CONTENTS, EXECUTE IT FREELY, AND HAVE BEEN OFFERED A COPY FOR MY/OUR OWN RECORDS.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date