



Consent for Services and Financial Responsibility Agreement

The undersigned client or Guardian (responsible adult*) consents to and authorizes the provision of services by CARE, Inc. These services may include individual assessment, treatment, intervention, case management, crisis intervention, and other appropriate services.

In providing informed consent, the undersigned understands:

- 1) All of the above services are voluntary.
- 2) He/she has the right to request a change in service provider (agency or CARE team member), and accommodations will be made whenever possible.
- 3) He/she has the right to terminate services at any time.
- 4) Any information you disclose to CARE team members that is determined by them to be important to your care will be documented in your clinical service record. Such documentation is used to ensure that the treatment team has access to the most complete information about you when determining a plan of care.
- 5) All personnel of the agency, as a condition of their employment, sign an oath of confidentiality that prohibits them from sharing client information except as allowed under federal and state confidentiality laws and regulations. (Please see Limits of Confidentiality form for details.)
- 6) Information contained in the client's service record is available to all personnel within this agency who have a clinical need to access the information.
- 7) Cancellation and Missed Appointments Policy: If you need to cancel an appointment, **you must notify the office at least 24 hours before the scheduled appointment.** Scheduled appointment times are reserved especially for you.

We understand emergencies and illnesses, and last-minute cancellations occur due to unforeseen reasons. To avoid the direct staff from driving to and/or showing up at your home, you must contact the office and let us know within a minimum of *three hours (3) before scheduled appointment.* Repeated no-shows or missed appointments could result in referring you back to your insurance company, and/or termination of services. CARE, Inc. reserves the right to terminate services.

Please note, the agency has a financial responsibility to compensate hourly paid team members for their reserved time to provide service if not provided sufficient advance notice of cancellation.

- 8) Policy changes and updates will be sent to you electronically via email unless you



request otherwise

FINANCIAL RESPONSIBILITY

I (the undersigned client or responsible adult*) understand that I am financially responsible for all charges, whether or not paid by my insurance/funding source, unless specifically exempted by my insurance company/funding source's contract with CARE, Inc.

* Responsible Adult = Legal Guardian, Conservator, or Parent of Minor (>18)

I consent, agree to the above terms and authorizes services provided by CARE Inc.

Client Name (First & Last)

Client Signature

Date

*Name of Responsible Adult (First & Last)

Signature of Responsible Adult

Date

Interpreter Name (If applicable) (First & Last)

Date