

Doorways, LLC

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OFFICE POLICIES AND TREATMENT CONSENT

THE OFFICE POLICIES AND TREATMENT CONSENT LISTED BELOW ARE DESIGNED TO MAKE YOUR CARE WITH OUR PRACTICE MORE EFFICIENT. PLEASE ASK ANY QUESTIONS YOU MAY HAVE WHEN YOU READ THE POLICIES AND CONSENT. PLEASE INITIAL WHERE INDICATED AND SIGN YOUR NAME BELOW. UPON REQUEST, A COPY OF THIS DOCUMENT WILL BE PROVIDED FOR YOUR RECORDS.

PATIENT'S NAME _____ DOB _____

READ COMPLETELY BEFORE SIGNING

CONFIDENTIALITY

All communications and records created in professional treatment between patient and provider are confidential unless:

1. You authorize the release of information with your signature.
2. You present a physical danger to yourself or others (i.e. child/elder abuse or neglect is suspected). By law your provider is required to contact the potential victims and/or legal authorities.
3. Your provider is consulting with another licensed health provider involved in your care, or obtaining discreet, anonymous consultation with a colleague about your case.
4. If a judge issues a court order for client records.

INITIAL _____

LEGAL GUARDIANSHIP OR CUSTODY

Legal guardians can be required to provide proof of documentation establishing that guardianship, and parents can be required to provide a copy of the most recent court order (decree, parenting plan) regarding legal custody. For shared custody cases we will need both parents to complete, sign & date the "Office Policies and Treatment Consent" Form.

INITIAL _____

CONSENT FOR TREATMENT AND CONSULTATION

I authorize and request that (*Treating Provider's name*) _____ and/or employees or independent contractors of Doorways, LLC carry out behavioral health treatments, diagnostic procedures, and/or dietitian services which now or during the course of my care are advisable. I understand that the purpose of these procedures will be explained to me upon my request and are subject to my agreement. I understand that while the course of treatment is designed to be helpful, it may at times be difficult and uncomfortable. I have the right to participate in treatment decisions and to review my treatment plan with my provider. I also have the right to refuse any recommended treatment and to be advised of any consequences of refusal.

If I have questions or concerns and have not been seen in the office for over a month, I will schedule an appointment. If I have been seen within a month, I will leave a voice message at (602) 997-2880. My call will be returned within 1 business day.

For medication monitoring, I will need to see the Psychiatric Provider. There is a 72 hour turn-around time for prescription renewals. Prescriptions will not be refilled after 12 noon on Fridays, or on weekends.

Insurance coverage can have different medical and mental health benefits. It is my responsibility to know my benefits and coverage options. It is my responsibility to notify Doorways of any insurance changes if applicable.

INITIAL _____

IF YOU ARE SCHEDULED WITH ANY OF THE PROVIDERS LISTED BELOW, PLEASE READ PROVIDER CONSENT INFORMATION AND INITIAL NEXT TO THEIR NAME:

Jenna Daniel, LAC _____

A Licensed Associate Counselor (LAC) is a clinician that has met the educational requirements of a Master's degree, has completed a practicum and internship in counseling, and is licensed by the Arizona State Board of Behavioral Health Examiners. As part of their licensure requirements, a LAC must be supervised through their first 3200 hours of clinical practice. Jenna is being supervised by Marian Humphries, LPC at Doorways who will be reviewing all client related issues on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Jenna, I can contact Marian directly at Doorways, 602-997-2880.

Abigail Jones, LAC

A Licensed Associate Counselor (LAC) is a clinician that has met the educational requirements of a Master's degree, has completed a practicum and internship in counseling, and is licensed by the Arizona State Board of Behavioral Health Examiners. As part of their licensure requirements, a LAC must be supervised through their first 3200 hours of clinical practice. Abigail is being supervised by Marian Humphries, LPC at Doorways who will be reviewing all client related issues on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Abigail, I can contact Marian directly at Doorways, 602-997-2880.

Jason Klarer, LAC _____

A Licensed Associate Counselor (LAC) is a clinician that has met the educational requirements of a Master's degree, has completed a practicum and internship in counseling, and is licensed by the Arizona State Board of Behavioral Health Examiners. As part of their licensure requirements, a LAC must be supervised through their first 3200 hours of clinical practice. Jason is being supervised by Andy Schanen, LPC at Doorways who will be reviewing all client related issues on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Jason, I can contact Andy directly at Doorways, 602-997-2880.

Nikki Schlundt, LAC _____

A Licensed Associate Counselor (LAC) is a clinician that has met the educational requirements of a Master's degree, has completed a practicum and internship in counseling, and is licensed by the Arizona State Board of Behavioral Health Examiners. As part of their licensure requirements, a LAC must be supervised through their first 3200 hours of clinical practice. Nikki is being supervised by Marian Humphries, LPC at Doorways who will be reviewing all client related issues on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Nikki, I can contact Marian directly at Doorways, 602-997-2880.

Katarina Scott, LAC _____

A Licensed Associate Counselor (LAC) is a clinician that has met the educational requirements of a Master's degree, has completed a practicum and internship in counseling, and is licensed by the Arizona State Board of Behavioral Health Examiners. As part of their licensure requirements, a LAC must be supervised through their first 3200 hours of clinical practice. Katarina is being supervised by Marian Humphries, LPC at Doorways who will be reviewing all client related issues on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Katarina, I can contact Marian directly at Doorways, 602-997-2880.

Kim Turille, LAMFT _____

A Licensed Associate Marriage and Family Therapist (LAMFT) is a clinician that has met the educational requirements of a Master's degree, has completed a practicum and internship in counseling, and is licensed by the Arizona State Board of Behavioral Health Examiners. As part of their licensure requirements, a LAMFT must be supervised through their first few years of clinical practice. Kim is being supervised by Marian Humphries, LPC, and Alexa Yassi, LMFT, who will be reviewing all client related issues on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Kim, I may contact Marian directly at Doorways, 602-997-2880 and/or Alexa at 480.656.8349.

Clare Waddicor, LAC _____

A Licensed Associate Counselor (LAC) is a clinician that has met the educational requirements of a Master's degree, has completed a practicum and internship in counseling, and is licensed by the Arizona State Board of Behavioral Health Examiners. As part of their licensure requirements, a LAC must be supervised through their first 3200 hours of clinical practice. Clare is being supervised by Andy Schanen, LPC at Doorways who will be reviewing all client related issues on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Clare, I can contact Andy directly at Doorways, 602-997-2880.

Kayla Chamberlain, MC Intern _____

A Masters of Counseling (MC) Intern is a clinical master's student in their therapy practicum. As part of their practicum requirements, a practicum student must be supervised. Supervision is provided by Marian Humphries, LPC, who will be reviewing all client related issues on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Kayla, I can contact Marian directly at Doorways, 602-997-2880.

Ryan House, Clinical Psychology Intern _____

A Clinical Psychology Doctoral Program Intern is a doctoral student. As part of their practicum requirements, they must be supervised. Supervision is provided by Buffy T. Wooten, Ph.D., who will be reviewing all client related issues on a regular basis. I understand that if I have any concerns or questions regarding my treatment with Ryan, I can contact Buffy directly at 602-462-1115.

APPEALS AND GRIEVANCES

I have the right to register a complaint about any aspect of my care to the provider, insurance carrier, or relevant state association or board for any of Doorways providers. I may request a copy of the Grievance form at any time.

INITIAL _____

RELEASE OF INFORMATION FOR INSURANCE

I authorize the release of information for claims, certification/case management/quality improvement and other purposes related to the benefits of my health insurance plan as applicable.

INITIAL _____

OFFICE SETTING, SCHEDULING, AND CORRESPONDENCE

- Please do not bring small children to your appointment as they will not be able to be supervised or watched in the waiting room while you are being seen.
- If you are more than 5 minutes late for your scheduled psychiatric appointment, you will need to reschedule the appointment and a cost will be incurred.
- If you are more than 15 minutes late for your scheduled counseling appointment, you will need to reschedule the appointment and a cost will be incurred.
- If an appointment is missed or cancelled with **less than 24 business hours' notice**, you will be charged for the appointment. **For Monday appointments, you are required to contact Doorways on the Saturday prior to your appointment in order to avoid any late cancellation or no show fees.**
- **After three "No Show" or late cancellation appointments occur, any additional previously scheduled appointments will be cancelled and not rescheduled until fees have been paid. Clients may be able to continue services on a same day only basis.**

INITIAL _____

I, furthermore understand I am fully financially responsible for all patient charges resulting from treatment regardless of whether or not these services/charges are covered by my insurance plan. Please be aware some Diagnosis Codes are not covered by insurance. **Please be advised if outstanding invoices are turned over to Collections there will be a 30% fee assessed to the outstanding balance.**

INITIAL _____

INITIAL _____ *I am aware that I may request a copy of the Notice of Privacy Practices, list of Client Rights or Governing Agencies contact information, at any time.

I understand and agree to all the above.

Patient Name (print) Patient Signature Date _____

Parent/Guardian(s) Name (print) Parent/Guardian(s) Signature (s) Date _____