Red Road Counseling Services, LLC

1139 36th Ave N.W Suite 200, Norman, Ok 73072
Phone: (405) 990-0816 // Fax: (405) 735-6116

Client Orientation

I, _____, do hereby certify that I have received orientation material and copies relating to Red Road Counseling Services, LLC program. My orientation included the following:

_____ Therapeutic Model (copy received)

_____ Client Bill of Rights (copy received)

_____ Confidentiality of Client Records (copy received)

_____ Grievance Procedures (copy received)

_____ HIPAA/Notice of Privacy Practice (copy received)

_____ Program Handbook (copy received)

_____ Fee Schedule and Financial Arrangements

_____ Patient Financial Responsibility

_____ Understanding Your Insurance and Paying Your Bill

_____ Services Available

_____ Treatment Goals

_____ Emergency Procedures

_____ Availability of Crisis Intervention Services, including the telephone number where staff can always be reached.

_____ _____
Client Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Therapist Signature Date

Revised 10/2017; 11/2018; 7/2019; 07/2026

Red Road Counseling Services, LLC

1139 36th Ave N.W Suite 200, Norman, Ok 73072
Phone: (405) 990-0816 // Fax: (405) 735-6116

Program Handbook

Confidentiality:

Confidentiality remains an utmost concern and the privacy of the person served will be respected at all times. HIPAA regulations are implemented and will also be followed. Seclusion and Restraint: It is the policy of Red Road Counseling Services, LLC to not engage in the practice of seclusion or restraint of any person served. Expectations of Clients: It is the responsibility of the client to ensure that the client maintains scheduled appointments. In the event that a client will be unable to attend an appointment, it is requested that the client advise the clinician 24 hours in advance of the appointment.

Agency Contact for Client Input:

The client is encouraged at all times to contact the agency should problems arise with the services being provided. If the person served has a problem with the clinician assigned, they are advised to contact the Clinical Director and/or designee. Should the Clinical Director and/or designee not be available, the person may call the Corporate Responsibility Officer. The person served is also encouraged to participate actively in the development of the treatment plan.

Client Assessment:

Each person served will receive an assessment to determine the need of treatment and to dictate the cause of service delivery.

Treatment Plan Development:

A treatment plan will be developed for each client who will be used to guide service delivery. The client and/or guardian will participate actively in the development of the plan and will receive a copy of the Treatment plan goals. Treatment plan process will be reviewed every 90 days and, at times, dictated by the treatment team.

Discharge Planning:

Throughout the treatment process, our goal is to work toward transitioning the client back into the community.

Agency Mission:

Red Road Counseling Services, LLC is a private, outpatient based mental health provider dedicated to assisting Oklahoma families improve their quality of life. We are dedicated to providing quality affordable and accessible mental health treatment. Treatment consists of a full continuum of services from education, through prevention, treatment and aftercare.

Agency Goals:

Our primary goal is to ensure that the needs of the persons served are met. We will work diligently and cooperatively with other agencies both private and public to ensure that continuity of services remain based on the needs of the persons served.

Agency Values:

Red Road Counseling Services, LLC promotes the basic human rights, dignity, health and safety of the person served. We believe that the person served is entitled to quality services and the consumers should have the highest degree of independence and self-sufficiency possible. Based on information received from consumers and referral sources, Red Road Counseling Services, LLC uses a team approach and provides coordinated, individualized, goal-oriented services.

Accreditation:

Red Road Counseling Services, LLC plans to receive its 3-year accreditation through 2028 from the international Commission on Accreditation of Rehabilitation Facilities (CARF).

Services Provided:

Red Road Counseling Services, LLC provides Mental Health Counseling, Individual and Family Counseling for children, adolescents and adults. Services may include play therapy or an array of other services deemed appropriate to meet the needs of the person served.

Revised 10/2017; 11/2018; 7/2019; 07/2026

Treatment Planning:

Red Road Counseling Services, LLC uses a team approach for the provision of services. The persons served will be involved in the development of the treatment plan. The persons served are encouraged to participate actively in the development of the plan. Treatment Team meetings are held monthly, or as needed, to staff cases and ensures that services are provided and are beneficial to the client.

Weapons/Smoking/Illicit/Licit Drug Policies:

It is the policy of Red Road Counseling Services, LLC that no weapons or drugs of any kind be brought into session. It is also our policy that smoking is not allowed during sessions. Please be advised that if weapons or drugs are brought into a session, 911 will be called immediately. The client will also be restricted from services. The client may need to serve a probationary period before full reinstatement.

Eligibility for Services:

Services are designed for individuals that have been referred to therapeutic services; court ordered for treatment of have expressed a desire to work on issues that are pertinent to their functioning. There may be reasons why a client is not eligible for services at Red Road Counseling Services, LLC. These will include suicidal or homicidal ideations and a lack of desire to participate in therapeutic services. If a higher level of care is indicated, the person served will be immediately referred for those services. If the person served loses the right to receive services, they may petition to the Vice President for reinstatement and a meeting will be held with the person served and the referral source. The person served will need to serve a probationary period before reinstatement.

Advance Directives:

Advance Directives regarding mental health services are not applicable in the state of Oklahoma.

Red Road Counseling Services, LLC

*HIPAA/*Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, or legal duties, and your rights concerning your health information. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. In the event that the notice is changed, a new notice will be sent to you by mail or at the time of your next appointment. You may request a copy of your Notice at any time. This notice takes effect July 1, 2007, and will remain in effect until further notice.

Client Rights

Access: You have the right to inspect and copy your protected health information. You may request that we provide copies in a format other that photocopies. We will use the format you request unless we cannot practicably do so. You must submit your request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request copies, we will charge you. ¢.25 for the first 10 pages and ¢.15 per page for each additional page, $10.00 for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. Under federal law, however, you may not inspect or copy the following records, psychotherapy notes; information complied in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Restriction:

You have the right to request a restriction of your protected health information. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purpose as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. If we agree to the additional restriction we will abide by our agreement (except in an emergency). We are required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected information will be restricted.

Alternative Communication:

You have the right to receive confidential communications from us by alternative means or at an alternative location. You must make your request in writing. We may also condition this accommodation by asking you for information as to how payment will be handled or specification or an alternative address or other method of contact.

Amendment Request

You have the right to request that we amend your protected health information. Your request must be in writing and explain why the information should be amended. In certain cases, we may deny your request for an amendment. If we deny you for 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.

Disclosure Accounting:

You have the right to receive an accounting of certain disclosures we have made, of any of your protected health information. This right applies to disclosures for purpose other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices.

Note:

You have the right to obtain a paper copy of this notice from us upon request.

Questions and Complaints:

You may complain to us or to the Secretary of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services. You may contact our Privacy Officer for further information about the complaint process.

405-990-0816

Hours of Operation
Monday-Friday
9:00 am-4:00pm

After Hours Emergency Contact:
405-990-0816

Revised 10/2017; 11/2018; 7/2019; 07/2026

Red Road Counseling Services, LLC
1139 36th Ave N.W Suite 200, Norman, Ok73072
Tel 405-990-0816 Fax 405-735-6116

WWW.REDROADCS.COM

Patient Financial Responsibility

Thank you for choosing Red Road Counseling Services, LLC (RRCS). We are honored by your choice and are committed to providing you with the highest quality care possible. We ask that you read and sign this form to acknowledge your understanding of our patient responsibility policies.

- The patient (or patient's guardian, if a minor) is responsible for the payment of services rendered during their treatment. Payment is due prior to the start of each session. Red Road Counseling Services reserves the right to reschedule any appointment until an authorized form of payment is provided.
- We are pleased to assist you by submitting claims to your insurance company on your behalf. As the patient/patient's guardian, it is your responsibility to provide us with the most updated insurance information available at all time. Failure to do so may result in loss of coverage. You may be responsible for any charges incurred for services rendered during a loss of coverage.
- Patients are responsible for the payment of copays, coinsurance, deductibles, and all other costs not covered by their insurance plan. Payment is due at the time of service, and for your convenience, we accept cash, money order, and major credit cards.

I hereby authorize RRCS to verify benefits and submit claims on my behalf for covered services rendered by the provider.
I hereby authorize RRCS to release to my insurer all information, including diagnosis and the records of any treatment rendered to me needed to substantiate payment for such services, as well as information required for preauthorization.
I understand I am responsible for any and all charges for services rendered not covered by my insurance.

Signature of Patient/Guardian Date

Printed Name of Patient/Guardian Relationship to Patient

Revised 10/2017; 11/2018; 7/2019; 07/2026

Understanding Your Insurance and Paying Your Bill

Red Road Counseling Services is happy to offer easy and time saving ways to pay their bills.

- **By phone**: Anyone wishing to pay by credit or debit card over the phone may do so during regular business hours by calling (405) 990-0816.
- **In Person**: Payments may be made in person by visiting our office, located at 1139 36th Ave NW Suite 200 Norman, OK 73072. You may pay by credit or debit card, cash or money order.
- **By Mail**: Mail your payment with an enclosed money order or credit/debit card information to Red Road Counseling Services 1139 36th Ave NW Suite 200 Norman, OK 73072.

FAQs

We know that insurance coverage can be confusing. In order to facilitate a better understanding of the billing and payment process, we've developed this summary to explain our billing practices. If you have additional questions, please contact our office at (405) 990-0816.

Q. Who is responsible for paying my bill?
A. Unless you specify otherwise, Red Road Counseling Services will submit claims your insurance company directly. Later, Red Road Counseling Services Billing Department will follow up with the claim's payment status. If a balance remains after your insurance has issued either a payment or a denial, you will be informed in writing of your responsibilities for payment.

Q. What if I don't have insurance?
A. Patients who do not carry health insurance are considered self-pay accounts. We offer substantial discounts to our self-pay clients. Please contact our office at (405) 990-0816 with any questions for payment arrangements.

Q. What is a deductible?
A. A deductible is the fixed dollar amount you must pay towards your healthcare costs over the course of a benefit period (usually a year) before your insurance provider begins reimbursement. For example, if your deductible is $1000 and you spend that much in eligible out of pocket expenses, you have "reached your deductible" and your insurance will start covering a larger percentage of the costs until the end of the benefit plan year.

Q. What is copay?
A. A copay or co-payment is a small flat fee you are responsible for paying for your service. For example, you may have a $30 co-payment for each counseling visit as a part of your health insurance. You are responsible for paying the co-payment at or before the time of service.

Revised 10/2017; 11/2018; 7/2019; 07/2026

Q. What is coinsurance?

A. Coinsurance is the percentage of costs of a covered healthcare service you pay (20% for example) after you have paid your deductible. For example, if your health insurance plan's allowed amount for an office visit is $100 and your coinsurance is 20%, your expenses would be as follows:

- If you have paid your deductible, you pay 20% of $100 which is $20. The insurance company pays the rest.
- If you have not paid any of your deductible, you would pay the full allowed amount of $100.

Coinsurance may be collected at the time of service

Q. My insurance didn't pay. Why is that?

A. You are responsible for contacting your insurance provider for this information. Red Road Counseling Services will contact you in writing if your insurance denies a claim payment.

Q. What about my privacy?

A. Red Road Counseling Services will never release mental health information in an email. No other information will be released without a signed consent, unless subpoenaed by court orders.

Please Note: If your insurance company assigns you a deductible, co-pay or co-insurance and the dollar amount is not collected at the time of service, you will be billed at a later date.

Red Road Counseling Services, LLC

1139 36th Ave N.W Suite 200, Norman, Ok 73072
Phone: (405) 990-0816 // Fax (405) 735-6116

Consent for Treatment and Follow-Up

Client: _____

Application is hereby made by the undersigned for voluntary admission to the services of Red Road Counseling Services, LLC, as a voluntary client under the provision of OS 43A Section 9-101.
I certify that I am 18 years of age or over. Voluntary admission may be made for any person 18 years of age or over on his or her own signature.
I have read, or had read to me, the following information about my rights: (A) All persons receiving services from this agency shall retain all rights, benefits, and privileges guaranteed by the laws and Constitution and State of Oklahoma and the United States of America, except those specifically lost through due process of law (OS 43A Section l-103)(H); (B) All persons shall have their rights guaranteed by the Clients Bill of Rights, unless an exception is specifically authorized by these standards or an order of a court of competent jurisdiction; (C) I have been given a summary or full copy of my rights as a client and fully understand the content of this document.
I understand that my treatment records may be subject to review by funding sources and accrediting bodies to verify and evaluate services delivered. I am aware of the fee, and my financial arrangements for payment.
I understand that OS 43A, Section 4-201 requires that each client of this agency be charged for care and treatment provided. I may request a copy of the current rate schedule and I understand that payments on all charges are adjustable according to my ability to pay. No individual will be refused needed treatment because of inability to pay (OS 43A Section 4-202).
I understand that I will be periodically contacted during my treatment to give an assessment of my progress or lack thereof to assist Red Road Counseling Services, LLC in providing better services.
I understand that I am free to withdraw at any time. I have decided to enter treatment at the Red Road Counseling Services, LLC program. I am aware that I may be contacted to participate in follow-up surveys during and after my treatment. The surveys will let Red Road Counseling Services, LLC know how I am getting along during and after my treatment. Survey will be conducted to assure "quality of care" is being and/or has been provided. One survey will be conducted within two months after admission, and two surveys from three months to one year after treatment. My survey forms will be marked with my confidential Client Identification number, only, and the responses will be kept strictly confidential. Red Road Counseling Services, LLC will combine and summarize survey information from all responding clients in order to show how effective the treatment was and what improvements may need to be made. I understand that my current treatment will be continued regardless of whether I agree to participate in the surveys. My participation is strictly voluntary. I am free to withdraw at any time. If I have any questions concerning this survey, I may contact a representative of Red Road Counseling Services, LLC or the Patient Advocate for your insurance company.

I consent to participate in this survey by (check one):

_____mailed questionnaire _____telephone interview _____I decline to participate in this survey.

_____ _____
Client Signature (14 and older) Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Staff Signature Date

Revised 10/2017; 11/2018; 7/2019; 07/2026

Red Road Counseling Services, LLC

1139 36th Ave N.W Suite 200, Norman, Ok 73072
Phone: (405) 990-0816 // Fax (405) 735-6116

Therapeutic Model

Description of Treatment Modality and Services

Red Road Counseling Services, LLC's Therapeutic Philosophy and Treatment Model consists of a therapist working together with a client and their family. The Therapist's role and service they provide is explained below.

Each client at Red Road Counseling has a therapist (also called a "counselor") that helps to identify and process personal, deeply rooted feelings, emotions, issues, and dynamics that are present in their life. Therapists have the education, knowledge, experience, and credentials to help a client process these deep-seated emotions and issues. The Therapist is there to help the client process and understand the issues that are behind their depression, grief, family and personal relationships, conflicts, abuse, PTSD, panic attacks, etc.

I, the client and/or guardian, have read and understood Red Road Counseling's Description of Treatment Modality and Services.

_____ _____
Client Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Staff Signature Date

Revised 10/2017; 11/2018; 7/2019; 07/2026

Red Road Counseling Services, LLC

1139 36th Ave N.W Suite 200, Norman, Ok 73072
Phone: (405) 990-0816 // Fax (405) 735-6116

Client Bill of Rights

Client Name: _____

All persons receiving services from Red Road Counseling Services, LLC shall retain all rights, benefits, and privileges guaranteed by the laws and Constitution of the State of Oklahoma and the United States of America, except those specifically lost through due process of law. All persons shall have the rights guaranteed in this Bill of Rights unless an exception is specifically authorized by the Oklahoma Department of Mental Health and Substance Abuse Services or an order of a court of competent jurisdiction.

1. Each Client has the right to be treated with respect and dignity. Red Road Counseling Services, LLC will promote basic human dignity and respect for the individual who is receiving services.
2. Every Client shall have a right to a safe, sanitary, and humane treatment environment. In addition, every Client shall have a right to a humane psychological environment that protects him/her from harm, abuse, retaliation, financial or other exploitation, humiliation or neglect, provides reasonable privacy, promotes personal dignity, and provides opportunity for improved functioning.
3. Every person shall receive service or appropriate referral without discrimination as to race, color, age, gender, marital status, pregnancy, religion, national origin, or degree of disability.
4. Deprivation of the Client's civil, political, personal, or property rights shall not occur without due process of the law.
5. The Client's case record may be made available to his/her attorney and/or private physician with the written consent of the Client. The Client may communicate freely with his/her attorney and/or private physician.
6. The Client has the right to refuse services. However, such a refusal may be in violation of a condition of probation, parole, or court order which would subject one to penalties.
7. An individual can expect an explanation concerning the reason he/she was refused certain services.
8. A Client shall not be refused services based on inability to pay.
9. All information will be held in confidence according to policies and procedures of Red Road Counseling Services, LLC The Client is assured of his/her rights against current or future disclosure of unauthorized information, except as state or federal statute requires.
10. Clients are hereby informed that their records may be subject to review by funding sources and accrediting bodies to verify and evaluate services delivered.
11. The Client shall participate in treatment and service planning to the extent of his/her ability. The client's family and/or significant other(s) shall also be allowed to participate in treatment and service planning, provided the client has given prior permission in the form of a signed consent. Careful and complete explanation as to the nature of treatment and potential specific risks shall be explained. When the Client requests specific information about care, rehabilitation, or treatment alternatives, information shall be given.
12. The Client and/or relatives (friends in some instances) have the right to file a grievance in the event that such person feels that he/she has been treated unfairly. A copy of the Client grievance procedure and/or an appropriate Client Grievance Form may be obtained upon request of any staff member.
13. All Clients will be provided with a written fee schedule upon Intake. The fee schedule will also be provided at any time upon request from the client.
14. Upon admission to Red Road Counseling Services, LLC, all Clients will be given a copy of the Client Bill of Rights. In the event the Client cannot understand the language in this Bill of Rights, an oral explanation of this Bill of Rights shall be given in a language the person can understand.

I have read the above or have had such explained to me in a manner that I can understand.

_____ _____
Client Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Staff Signature Date

Revised 10/2017; 11/2018; 7/2019; 07/2026

Red Road Counseling Services, LLC

1139 36th Ave N.W Suite 200, Norman, Ok 73072
Phone: (405) 990-0816 // Fax: (405) 735-6116

Client Grievance Procedure

Although all staff is expected to extend professional and quality service at all times without discrimination, situations, may arise in which a client feels dissatisfied or has a complaint about service or treatment. In handling these situations, the following appeal procedure has been adopted.

1. Any client, guardian, care giver, or biological parent should initially present his/her complaint directly to the therapist.

2. The client, caregiver, guardian, or biological parent can talk to the Clinical Consultant and/or designee either with or without the Therapist or Rehab Specialist present. If the Clinical Consultant and/or designee is able to resolve the problem or complaint, the process can stop at this point.

3. If the client is not satisfied with the response neither from the Therapist or Rehab Specialist nor from the Clinical Consultant and/or designee, he/she should ask one of them or an administrative staff member for a grievance form. If the client or guardian needs assistance in filling out the Grievance From, he/she can utilize an office staff member to assist them. This completed form will be presented to the Corporate Responsibility Office, who will then conduct an investigation. (If the client or other pertinent party calls by phone, he/she can speak with the Vice President in order to file the grievance. The office staff member will complete the form, will provide the client a copy by mail, and will give the grievance to the Corporate Responsibility Officer.)

4. The Corporate Responsibility Officer will respond to the grievance verbally and in writing to the client, guardian, care giver, or biological parent, if indicated, within ten days. The response will be copied for the Business Director.

5. If not satisfied with the Corporate Responsibility's response, an appeal may be made to the President whose decision on the appeal will be final.

6. Ten working days will be allowed for each level of appeal. The client will be notified verbally and in writing of the outcome.

If a solution is still not achieved, consumer may contact the Patient Advocate for their insurance company.

All attempts will be made to resolve differences and/or difficulties (within reason). If the client and client's family are involved with the juvenile court, the client and/or family may choose to address this as an issue in the court proceedings. It is the preference of Red Road Counseling Services, LLC to work out situations directly with the family; however, this is not always possible. When problems are brought up at court, the judge makes the final decision.

_____	_____
Client Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Staff Signature	Date

Revised 10/2017; 11/2018; 7/2019; 07/2026

Red Road Counseling Services, LLC

1139 36th Ave N.W Suite 200, Norman, Ok 73072
Phone: (405) 990-0816 // (405) 735-6116

Confidentiality of Client Records

Client Name: _____

Client records and clinical information are confidential and are protected under the provisions of 43A O.S. Paragraph 3-422 and 3-423; and (U.S.) 42 CFR, Part 2. Red Road Counseling Services, LLC has procedures protecting this confidentiality (and are communicated to the client or clients who have not been referred from the Criminal Justice system), which shall include, but not limited to:

1. Medical records and all communications between client and doctor or psychotherapist are privileged and confidential; with such information limited to persons/agencies actively engaged in treatment or related administrative tasks.
2. Privileged/confidential information shall not be released to any person or entity not involved in the client's treatment without the written, informed consent of the client, or his/her guardian, or parent of a minor child, or a private or public child care agency having legal custody of the minor child.
3. Identifying data may be released without the consent:
    1. It is required to fulfill any statutorily required reporting of child abuse (10 O.S., Paragraph 7005Xl. 7) and abuse of elderly incapacitated adults (43A O.S., Paragraph 10-104); or
    2. As provided by 10 O.S., Paragraph 7005 (1.1) through (1.3); or
    3. On the order of a court or competent jurisdiction; or
    4. Restricting personal access of present or former clients to their records in a manner conforming to 43A O.S., Paragraph 1-109(B).
    5. With the consent of the client, providing information to responsible family members as provided and limited in 43A O.S., Paragraph 1-109(CX1.5).
    6. The review of records by State or Federal accrediting, certifying, or funding agencies may occur to verify services and/or facility compliance with statutes and/or regulations.

The confidentiality of client records maintained by the program is protected by Federal law and regulations.
Generally, the program may not say to a person outside that program that a client attends the program or disclose any information identifying unless:

1. The client consents in writing.
2. The disclosure is allowed by court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulation.
Federal law and regulations do not protect any information about a crime committed by a program client either at the program or against any person who works for the program or about any threat to commit such a crime.
Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or Local authorities.

(See 42 u.s.c. 29Oee-3 fur Federal laws and 42 CFR Part 2 fur Federal regulations. Approved by the Office of Management and Budget under Control No. 0930-00(9).

Client Signature	Date
Parent/Guardian Signature	Date
Staff Signature	Date

Red Road Counseling Services, LLC

1139 36th Ave N.W Suite 200, Norman, Ok 73072
Phone: (405) 990-0816 // Fax: (405) 735-6116

Informed Consent for Telehealth Services

Client Name: _____ DOB: _____ SSN: _____

Telehealth services allow my Therapist &/or BHCM to assess, diagnose, consult, treat, and educate using interactive audio, video, or data communication regarding my treatment. Telehealth uses electronic systems to incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data, and includes measures to safeguard the data and ensure its integrity against intentional or unintentional corruption.

I voluntarily consent to participate in Telehealth services for the purpose of receiving mental health services with Red Road Counseling Services.

I understand I have the following rights under this agreement:

- I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my information for face-to-face services. Any information disclosed by me during a Telehealth session is confidential. By law, there are exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my clinician has the right to break confidentiality to prevent the threaten of danger.
- I understand I am responsible for placing myself in a private location during my session.
- I understand that the distribution of any personally identifiable images or information from the Telehealth interaction to any other entities shall not occur without my written consent.
- I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all clients will be effective.
- I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.
- I understand that there are risks unique and specific to Telehealth, including, but not limited to, the possibility that my Telehealth sessions or other communication with my clinician regarding my treatment could be disrupted or distorted by technical failures or could be interrupted.
- I understand that the clinician will be at a different location from me.
- I have read and understand the information provided above. I understand that I have the right to discuss any of this information with my clinician and to have any questions regarding my treatment answered to my satisfaction.
- I understand that I can withdraw my consent to participate in Telehealth services by contacting Red Road Counseling Services, LLC by phone at 405-990-0816 or in writing to the address listed above.

_____ _____
Client Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Red Road Counseling Services, LLC Representative Signature Date

Revised 10/2017; 11/2018; 7/2019; 07/2026

Red Road Counseling Services, LLC

1139 36th Ave N.W Suite 200, Norman, Ok 73072
Phone: (405) 990-0816 // Fax: (405) 735-6116

Client Private Pay Agreement

Column	#1	#2	#3
Annual Income	Over $25,000	$15,000 - $25,000	Up to $15,000
Initial Evaluation	$ 175.00	$150.00	$125.00
Individual Therapy	$100.00	$75.00	$50.00
Family Therapy	$100.00	$75.00	$50.00

Client Name:_____

I, _____, am responsible for and agree to pay charges from column _____.

PAYMENT IS DUE AT THE TIME OF EACH SESSION.

_____ _____
Client Signature (14 & older) Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Red Road Staff Signature Date

Revised 10/2017; 11/2018; 7/2019; 07/2026