



— Counseling Solutions —

Client Registration

Last Name: _____ First Name: _____ Middle Initial: _____

DOB: ____ / ____ / ____ Social Security #: _____ - ____ - ____ Gender: Male Female

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: (____) _____ Type: Home Work Cell

Other Phone: (____) _____ Type: Home Work Cell

Email Address: _____

Marital Status: Single Partnered Married Religion: _____

Emergency Contact Name: _____ Phone: (____) _____

Referred By: _____

Insurance Information

Insurance Company Name: _____

ID Number: _____ Group Number: _____

Name of Policy Holder: _____ Relationship to Client: _____

Date of Birth of Policy Holder: ____ / ____ / ____ Employer: _____

Please Provide a Brief Description of Why You are Seeking Services

Permission for Services

I, _____ hereby voluntarily grant permission to EDGE Counseling Solutions to provide services to me. I understand that such permission may be revoked, in writing, at any time.

I/We _____ parent(s)/guardians of _____, a minor child, hereby voluntarily grant permission to EDGE Counseling Solutions to provide services to our child. I/we understand that such permission may be revoked in writing at any time.

The intake, assessment and treatment planning process have been explained to me (us). I understand that I will be receiving services in an outpatient setting. As an EDGE Counseling Solutions client, I have the right to refuse treatment. If I choose to refuse treatment, the consequences of this refusal have been explained to me.

Client Signature

Date

Signature of Parent or Guardian

Date

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have been provided with the EDGE Counseling Solutions Notice of Privacy Practices on the date indicated.

Client Signature

Date

Signature of Parent or Guardian

Date



Client Fee Policy

EDGE Counseling Solutions is an outpatient counseling organization dedicated to providing the highest quality care for children, adolescents and adults who request our services. Our fees for services include **\$265.00** for an initial assessment, **\$150.00** for a 45 minute therapy session, **\$225.00** for a 60 minute therapy session, and **\$195.00** for a family therapy session. If the fees for our services change at any point during the treatment process, you will be notified in advance. In addition to regular therapeutic appointments, there are charges for other professional services you may need. If additional professional services are recommended, you will be informed of the fees for these services in advance.

If you have a health insurance policy, it is likely that your policy provides some form of coverage for mental health treatment. Our providers are in network with many health insurance companies, and our team will bill your insurance company for the services you receive provided we have your insurance information available. Payment for services not billed to insurance, including all insurance copayments, is expected at the time services are provided. We accept cash, checks, and many types of credit cards for payment of services. If you choose to utilize a credit card for your method of payment, your credit card information will be kept on file confidentially by SwervePay, LLC, through whom we process our credit card payments. By signing below, you authorize EDGE Counseling Solutions to charge the card on file for any balance on your account that has been outstanding for greater than 30 days. If your insurance carrier subsequently makes payment for services after your card has been charged, those charges will be credited to the card on file in the amount received that exceeds the balance due. If payment is denied by your card company, then you agree to pay the entire amount within 10 days via another form of payment. If your account has not been paid, and repeated attempts have failed to collect an outstanding balance, EDGE Counseling Solutions reserves the right to utilize collections services to pursue payment of fees.

In order to provide the best services possible, we maintain an efficient system of appointments. If you cannot make a scheduled appointment, notice of cancellation should be provided at least 24 hours in advance. EDGE Counseling Solutions reserves the right to charge a fee of **\$50.00** for failure to attend a scheduled appointment, or failure to provide 24 hours notice of cancellation. By signing below, you authorize EDGE Counseling Solutions to charge this fee to the credit card on file.

By signing below, you (or the responsible party for the client) state that you understand, accept and will adhere to the terms of the client fee policy for EDGE Counseling Solutions.

Client Signature

Date

Signature of Parent or Guardian

Date

Client and Family Rights and Informed Consent

As a client of EDGE Counseling Solutions, you have the following rights. The following rights also apply to all those who participate in counseling services provided by EDGE Counseling Solutions:

1. Access to treatment will not be denied on the basis of race, ethnicity, disability, sexual orientation, HIV status, religion, a religious belief, refusal to hold a religious belief or a refusal to actively participate in a religious practice;
2. All treatment services offered in the facility will be available regardless of the sources of financial support;
3. Treatment will be provided in the least restrictive environment;
4. Nondiscriminatory access to services will be provided if available, as specified in the Americans With Disabilities Act of 1990 (42 USC 12101);
5. The confidentiality of clinical records is protected by federal and state statutes as well as by program policy;
6. To give or withhold informed consent regarding treatment and regarding confidential information;
7. Each client has the right to be free of abuse/neglect;
8. Each client will have, and be a part of the development of, and I'm request will have access to, a current individual treatment plan;
9. The client has the right to refuse treatment or any specific treatment procedure, including completion of surveys and data sharing, without it resulting in a loss of services. Clients will be informed of the consequences resulting from a refusal of treatment or of the treatment procedure;
10. Upon request, access to a description of the route of appeal when a disagreement occurs with EDGE Counseling Solutions policies, practices, or procedures;
11. The identity of any person referred for HIV testing and results of HIV testing will be kept confidential, as consistent with the AIDS Confidentiality Act (410 ILCS 305) and the AIDS Confidentiality and Testing Code (77 IL Adm Code 697) (AIDS Code);
12. In HIV antibody or AIDS test cannot be required as a condition of treatment.
13. Client confidentiality:
 - a. The confidentiality of client records maintained by EDGE Counseling Solutions is protected by state law and federal regulations. Generally, the program may not say to a person outside the program that a client attends the program or disclose any information about the client unless:
 - i. the client consents in writing;
 - ii. the disclosure is allowed by court order; or
 - iii. the disclosure is made to medical personnel and medical emergency or to qualified personnel for research, audit, or program evaluation.
 - b. Violation of the federal law and regulation by program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

- c. Federal law and regulations do not protect any information about a crime committed by a client either a program or against any person who works for the program or about any threat to commit such a crime.
- d. Federal laws 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.
- e. Federal laws and regulations allow EDGE Counseling Solutions to take action with a court order in situations in which the client poses a serious threat of bodily injury or a threat of life to self or a third party. Edge can also take action in the same situations without a court order if in the course of disclosure it is not revealed that the client is receiving alcohol or substance abuse treatment.

EDGE Counseling Solutions provides outpatient counseling services for adults, adolescents, and children. These services may include: crisis intervention, alcohol and drug treatment, family, individual, or group intervention, mediation services, urinalysis, indirect case management services such as paperwork and collateral, prevention services, service linkage, coordination of community service, mentoring programs that utilize volunteers, parent education and training group services, outdoor experiential therapy, home-based services, community outreach services, and youth development activities. Treatment is always provided in the least restrictive environment.

Outpatient counseling is providing intervention to individuals and families for a variety of presenting concerns. Outpatient counseling may be an important factor in your ongoing growth and development, and various presenting concerns create an opportunity for change. Outpatient counseling has the following risks: at times, the counseling process may intensify the symptoms that brought you and/or your child to treatment.

The alternatives to outpatient counseling are:

1. No counseling treatment intervention.
2. An alternative outpatient counseling program. If you would prefer to receive treatment from another provider, our professional staff members can provide a referral source of an alternative treatment program.
3. Inpatient treatment at a hospital, freestanding treatment center, or alcohol and drug treatment facility.

EDGE Counseling Solutions involves a number of professionals with different roles which often overlap and build upon each other. In an effort to strengthen the intervention we are able to provide to a client, our clinicians may make use of the expertise provided by additional professionals through the utilization of peer consultation. Information regarding a client may be exchanged in the course of these meetings.

EDGE Counseling Solutions uses the electronic submission of data, including an electronic health record, our own data management system, email and other Internet-based systems. The organization

places a high importance on keeping information safe and utilizes available tools in order to ensure this. There are risks inherent in these systems, including unauthorized access. EDGE Counseling Solutions minimizes these risks through the use of user IDs and passwords, equipment that limits the access to authorized users, encryption, and multiplatform security system. You may request a copy of our full MIS overview policy if you are interested.

Professional staff members are provided training in the utilization of behavior management techniques. This includes the use of de-escalation techniques as a means of calming situations. Copies of the de-escalation procedures are available at your request.

I have been offered a copy of the rights as stated above and I fully understand my rights as a client of EDGE Counseling Solutions.

Client Signature

Date

Signature of Parent or Guardian

Date

Provider Signature

Date