

| Client Intake Information | | |
|--|--------------|--|
| First Name: | | Last Name: |
| Date of Birth: | Gender: | SSN: |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Primary Phone #: | Text? Yes No | Secondary #: |
| Email Address: | | Race/Ethnicity: |
| Preferred Pharmacy: | | Preferred Language: |
| Emergency Contact Name: Relationship: | | Emergency Contact Phone #: |
| Primary Care Office: | | Physician Name: |
| Physician Phone #: | | Date of last physical exam/check-up: |
| Responsible Party | | |
| <p><u>Complete if the client is a minor under the age of 18. Otherwise leave blank if filling out for yourself. If divorced or otherwise have a legal custody agreement, we ask that you provide this agency with a copy of that document to ensure that we maintain your privacy rights..</u></p> | | |
| First Name: | | Last Name: Relationship: |
| Mailing address if different than client: | | |
| City: | State: | Zip: |
| Phone #: | Text? Yes No | Secondary #: |
| Email Address: | | |
| Insurance Information | | |
| Primary INS Co. Name: | | Policy #: |
| Policy Holder Name: | | Policy Holder DOB: |
| Policy Holder SSN: | | Client Relationship to Policy Holder: |
| Copay Amount: \$ | | Contact your insurance company if copay amount is unknown. |
| Secondary INS Co. Name: | | Policy #: |
| Policy Holder Name: | | Policy Holder DOB: |
| Policy Holder SSN: | | Client Relationship to Policy Holder: |
| Copay Amount: \$ | | Contact your insurance company if copay amount is unknown. |

By signing, you consent to this agency disclosing protected health information to emergency contacts on file (including contacts given verbally) on a need to know basis when the agency deems it necessary to contact the emergency contacts

Signature of Responsible Party: _____ Date: _____

To better assist you, please tell us your reasons for seeking services with our agency:

How did you hear about us?

- Website/Internet Search
- Social media
- Doctor/Provider
- Friend/Family
- Other: _____

Hours of Operation:

Office hours: M-F 9:00am-5:00pm

Closed Saturday, Sunday and major holidays

Some providers may elect to extend hours that they provide services, such as in a crisis situation, to provide more service times for those with conflicting schedules, or when providing services in the community.

Crisis/Emergencies Statement: If you need a crisis session, we will do our best to fit you in with a provider within 24 hours or the next business day. If a crisis occurs during normal business operation hours we encourage you to call our main office phone number and speak with a receptionist. If a crisis occurs outside of these hours, we provide a 24-hour crisis phone line where you may speak with a mental health professional who may assist you. The 24-hour crisis phone number is 208-974-9001. If the crisis worker is unavailable, you may also call 211 to speak to another mental health professional. You may also contact the Behavioral Health Crisis Center at 208-522-0727. Eastern Idaho Regional Medical Center can be reached at 208-529-6111. You may also contact the Suicide and Crisis Lifeline at 988. In the event of a medical emergency, or imminent risk of physical safety to you or someone else, we ask that you call 911.

Legal Services Disclaimer: Luke & Spencer Behavioral Health(L&S) staff will make every effort to protect clients served by this agency. As such, if asked to provide a legal testimony, a staff member may consult with clients or legal guardians and discuss potential benefits and risks of the provider giving testimony or writing letters in behalf of a client served. L&S does not provide custody evaluations, including brief focused assessments. Those evaluations require specific training and designation from the court system. L&S providers may also refuse to provide reunification counseling, supervised visitations, and custody mediation sessions unless the provider is specifically trained, competent, and agrees to do so. If there is any biological parent or other adult without legal authority to obtain protected health information from you or your child, it is your responsibility to inform this agency and provide any legal papers documenting custody or guardian status. You may complete a release of information consenting to provide protected health information to various individuals or entities of your choosing. Oftentimes, certain legally-required assessments, letters, and evaluations will not be covered by insurance plans. In these cases, you will be obligated to pay cash upfront for these services. L&S may also decline to provide legal services at its discretion. L&S staff may also refuse to provide any legal service of which the staff is not licensed, trained, and competent to provide. In the event that a legal testimony is performed, L&S will charge you directly for the staff member's time. The fee for providing legal testimony is \$200 per hour, which includes drive time to/from the L&S office as well as any time spent waiting to provide testimony. The time charged to you ends when the staff member returns to the L&S office.

I have read, understand, and acknowledge the 'Crisis/Emergencies Statement' and 'Legal Services Disclaimer'

Client Name

Signature of Responsible Party: _____

Date: _____

Client Rights and Responsibilities

When you receive services from Luke & Spencer Behavioral Health you have the right to:

- Receive high-quality service
- Be treated with respect and courtesy
- Have your information kept private and confidential except as described in Luke and Spencer Behavioral Health *Notice of Privacy Practices*
- Be listened to and have staff work with you to make a plan to address your concerns and needs
- Receive service in offices that are safe, clean and accessible
- Get information and support to help you make decisions to improve your situation
- Be served without discrimination
- Select a professional counselor who meets your needs.
- Discuss your service with staff to identify if it is working for you and express any questions or complaints that you may have
- Request a change of staff member if there is another staff person available who can address your issues and your request is reasonable -- you should know that discriminatory requests will not be considered
- Obtain a copy of the code(s) of ethics your counselor must follow.
- Receive specific information about your counselor's qualifications, including education, experience, national counseling certifications, and state licensure.
- Receive a written explanation of services offered, time commitments, fee scales, and billing policies prior to receipt of services.
- Understand your counselor's areas of expertise and scope of practice (e.g., career development, adolescents, couples, etc.).
- Ask questions about confidentiality and its limits as specified in state laws and professional ethical codes.
- Receive information about emergency procedures (e.g., how to contact your counselor in the event of a crisis).
- Ask questions about counseling techniques and strategies, including potential risks and benefits.
- Establish goals and evaluate progress with your counselor.
- Request additional opinions from other mental health assessment professionals.
- Understand the implications of diagnosis and the intended use of psychological reports.
- Obtain copies of records and reports.
- Terminate the counseling relationship at any time.
- Share any concerns or complaints you may have regarding a professional counselor's conduct with the appropriate professional counseling organization or licensure board.

This is what we ask from you:

- Treat the staff and others at Luke & Spencer Behavioral Health with courtesy and respect
- Adhere to established schedules. If you must miss an appointment, let Luke and Spencer Behavioral Health know 24 hours before if you can not come to an appointment.
- Pay your bill in accordance with the billing agreements.
- Follow agreed-upon goals and strategies established in sessions.
- Inform your professional counselor of your progress and challenges in meeting your goals.
- Participate fully in each session to help maximize a positive outcome.
- Inform your counselor if you are receiving mental health services from another professional.
- Consider appropriate referrals from your counselor.
- Avoid placing your counselor in ethical dilemmas, such as requesting to become involved in social interactions or to barter for services

Questions about this form may be directed to either Cody Luke or David Spencer in this office.

Grievances: If you believe your rights as a client have been violated, we encourage you to contact David Spencer or Cody Luke at this office. The grievance will be investigated and noted in your client file. In the event you are unable to have your grievance resolved, you have the right to take your complaint to Optum Idaho at 855-202-0973

By signing this form, you acknowledge that you have read and understand these 'Client Rights and Responsibilities.'

Client printed name

Responsible Party Signature

Date

Financial Policy

A signature from the responsible party is required on this policy for the rendering of services by Luke & Spencer Behavioral Health(L&S). L&S accepts multiple major insurance companies, as well as Medicaid, Medicare, and Self-pay(AKA Cash-pay or Private-pay). Payment for services for Self-pay participants is required at the time of service. Insurance copayments are also due at the time of service.

Self-pay service rates are as follows:

| | |
|---|-------|
| Initial Comprehensive Diagnostic Assessment | \$175 |
| 30-Minute Psychotherapy | \$60 |
| 45-Minute Psychotherapy | \$90 |
| 60-Minute Psychotherapy | \$120 |
| Substance Use Evaluations | \$175 |

A list of other service fees and processing fees may be requested by speaking to our office.

It is the policy of L&S that the responsible party ensures the ability to pay for services, regardless of any insurance company's agreement or refusal to provide payment, unless otherwise prohibited by insurance contracts. **It is important that, prior to receiving services with L&S, you confirm with your insurance company the benefits for behavioral health and/or substance use treatment.** L&S cannot guarantee that your insurance company will provide payment. This agency will provide the courtesy of billing the insurance companies or other payors in your behalf. Diagnostic codes, service codes, and any other client information requested by payors will be submitted to them during the billing process and when otherwise required by them, such as audits and reviews. Please keep in mind that you are responsible to be aware of your deductible status with your insurance company. Payment for services is required regardless if you have or have not met your deductible.

It is your responsibility to be informed about your insurance coverage. If your insurance company changes, if there is a benefits change, or if your insurance coverage is terminated, it is your responsibility to inform L&S immediately so as to mitigate any service fees that you may be liable to pay. You will be responsible to pay regardless if you are or are not aware of insurance changes, insurance refusal to pay, or lack of coverage, if permitted by insurance contracts.

L&S is mindful that some individuals have an inability to pay for services. At times, L&S may be able to provide certain services at a reduced or free rate, such as with a student Counseling or Social Work intern. We will also work with individuals to develop reasonable payment plans. However, if any participant's account posts more than \$250, their services at L&S may be discontinued until the account is paid below this amount. There will be a \$25 processing fee for returned checks. For individuals refusing to pay, their account may be sent to a collection agency where the participant will be responsible to pay L&S service fees in addition to any other fees or adjustments required by the collections company. The participant may also be liable to pay any legal or attorney's fees if legal action is required to obtain payment for services.

By signing this form you as the client, or the client's legal guardian or representative, acknowledges, understands, and agrees to the terms of this financial policy. You also consent to, and authorize, Luke & Spencer Behavioral Health to disclose any medical, substance use, and patient records to your insurance company or third party payor that may be required to process billing claims or to complete audits and record reviews. You also agree and authorize the agency that any payment method you choose to keep on file with our agency(i.e. credit/debit card) may be charged for late or no show fees, copays, or other miscellaneous fees and balance charges without additional consent.

Client Printed Name

Responsible Party Signature

Date

Luke & Spencer Behavioral Health, PLLC(L&S)

No-Show Policy

Consistent and regular sessions are important in your treatment and progress towards your treatment goals. When an appointment is missed, such as a cancellation or no show, your treatment can be disrupted and limit the progress you are able to make towards your treatment goals. We understand that there may be times when you must cancel an appointment or when there is an emergency preventing you from attending your appointments. However, our practice is also disrupted if an appointment is canceled less than 24 hours in advance or if you simply do not show for your scheduled appointments. In addition to this, we often have a waitlist of individuals and families hoping to get into treatment who otherwise could take your scheduled appointment time if you are unable or unwilling to attend treatment. Oftentimes, if we have more than 24 hours notice that an appointment needs to be canceled, this allows us time to schedule another person who may desire to be seen during that time. As such, our no show policy is meant to discourage no shows and late cancellations. A late cancellation is defined as less than 24 hours before the scheduled appointment time and is also considered a no show.

When a client no shows or cancels less than 24 hours in advance of the scheduled appointment time, we will charge a fee of \$40. This fee must be paid **prior** to your next scheduled appointment. If the fee is not paid then you may not be seen for treatment until it is paid. In the event of an emergency or another event preventing you from giving us proper notice of a cancellation, we ask that you contact our office so that our administration and your provider can review the situation on a case by case basis. Some situations may merit a waiver of the fee. However, electing to not attend, stating you did not receive an appointment reminder, or simply forgetting about the appointment, will not be accepted as reasons to waive the fee. This policy is in effect for any scheduled appointment following your signed acknowledgement of this policy, including initial intake assessments or treatment planning sessions.

Lastly, if you no show or have a late cancellation multiple times, your provider and our administration may discharge you from treatment services at our practice to make room for others in need of behavioral health services. In some cases this occurs after three no shows/late cancellations. In other cases, such as when a treatment has just begun, it may be after one or two no shows, particularly if our office reaches out to you and we do not receive a response within 24 hours.

I have read and understand the **No-Show Policy** of Luke & Spencer Behavioral Health, PLLC. I agree that I must pay a no show fee in the event that I violate this policy.

Client Printed Name

Signature of Responsible Party

Date

Notice of Privacy Practices

In the course of delivering its services and programs, Luke & Spencer Behavioral Health collects personal information from its clients. Personal information means any information that could be used on its own, or with other information, to establish the identity of a client, the client's service provider or the client's substitute decision maker/legal guardian. Personal information also includes any other information about a client including information that is contained in a client record as protected health information (PHI).

Statement for use of personal information: Luke & Spencer Behavioral Health collects, uses and shares client's personal information for the following purposes:

- Providing quality programs and services to clients
- Providing information to other people or organizations (including primary care physician) with client consent (for example, making a referral for service)
- Contacting clients, donors and members to evaluate Luke & Spencer Behavioral Health service and work
- Conducting research to understand the kinds of issues our clients are facing
- Reviewing client files to ensure high quality of service and documentation

Luke & Spencer Behavioral Health may also collect, use and share personal information with consent or as permitted or required by law. It may also refuse to disclose or provide PHI and records to you or anyone else when it has the legal right to do so.

Confidentiality Statement and Release of Information: Luke & Spencer Behavioral Health is committed to protecting the confidentiality and privacy of its clients and ensuring that:

- the personal information it receives from clients is kept safe, secure, confidential, accurate and up to date
- clients understand why their personal information is collected by Luke & Spencer Behavioral Health
- Luke & Spencer Behavioral Health obtains client consent before collecting, using, sharing or releasing client information, except as set out in this policy or permitted or required by law
- only the personal information necessary for the purposes listed above is collected from clients, unless otherwise consented to by the client or permitted or required by law
- access to client information is limited to the Luke & Spencer Behavioral Health employees, volunteers and students involved in delivering services to clients
- any external agents to whom Luke & Spencer Behavioral Health releases information have a need to know and only use and disclose client information for the purposes for which it was originally provided
- clients are able to withdraw their consent at any time to the collection, use and disclosure of their personal information
- clients have access to their record, except where Luke & Spencer Behavioral Health is entitled to refuse an access request, and are able to copy or correct their record and ask questions about Luke & Spencer Behavioral Health privacy policies and procedures
- complaints about Luke & Spencer Behavioral Health privacy policies and procedures are handled efficiently and effectively
- all legal and regulatory requirements regarding client information are met and maintained
- Protected Health Information (PHI) is protected by HIPAA and/or 42 C.F.R. Part 2 (Substance abuse treatment records)

Limits to confidentiality and privacy: Luke & Spencer Behavioral Health is committed to the physical and emotional safety of the clients served. As such, there are laws that require the agency to disclose information to appropriate entities, such as law enforcement, child or adult protective services, Idaho Department of Health and Welfare, Optum Idaho, or other outside facilities or entities needed for safety and quality assurance. Luke and Spencer Behavioral Health, and its employees or agents, may disclose confidential information when a report of child abuse has been made, when there is a threat, or suspected threat, of imminent physical harm or death of you, a child, or another person (May include suicidal thoughts with intent and/or plans to harm oneself), or when there is reasonable suspicion of these things. 'Critical Incidents' that occur with a client receiving Medicaid coverage must be reported to Optum Idaho by this agency. Information necessary for billing purposes will be disclosed to insurance carriers or third party payors. PHI may also be disclosed in the event of a quality assurance review or

audit performed by Optum Idaho, Department of Health and Welfare, or other regulatory or legal entities and insurance companies/third party payors necessary for this agency to remain contracted and credentialed with those entities.

Complaints: If you believe your privacy has been violated, we encourage you to contact David Spencer or Cody Luke at this office. In the event you are unable to have your grievance resolved, you have the right to take your complaint to Health and Human Services at OCRComplaint@hhs.gov or the HHS.gov website.

I have read, understand, and acknowledge the 'Notice of Privacy Practices.'

| | | |
|-------------|-----------------------------|-------|
| _____ | _____ | _____ |
| Client Name | Responsible Party Signature | Date |

Electronic Protected Health Information(PHI) Communication: Client's may request to receive information, including PHI records and information via some electronic method, such as text, email, fax, or other electronic communication app, software, or device. It is important to acknowledge that any form of electronic communication comes with privacy risks that PHI could be disclosed to others without authorization. On occasion, an employee of this agency, or a treating provider, may agree or request to communicate with you via one of these methods. We encourage you to assist us in protecting your PHI by avoiding discussing any specific treatment-related information via these electronic methods, please also avoid disclosing any other information that can compromise your privacy via electronic communication. Exceptions to this request is when treatment is occurring via an electronic method, such as during telehealth services, reasonable accommodations for disabilities, or during emergent situations where disclosure of PHI is warranted. This office may also send appointment reminders via email, telephone, or text message either through a company phone number, email, or electronic health records software.

I have read the above statement and I consent to receive electronic communications via telephone, text message, and email. Please inform the agency if there is a mode of communication that you prefer we do not contact you by.

| | | |
|-------------|-----------------------------|-------|
| _____ | _____ | _____ |
| Client Name | Responsible Party Signature | Date |

Telehealth Treatment Statement: Telehealth services are treatment services provided by some electronic transmission, such as through a video calling app or software. Luke & Spencer Behavioral Health uses HIPAA compliant software that has been approved by the state or other authorities for the purposes of providing telehealth services. This software is designed to be encrypted or otherwise secured so that PHI is not accessed by an unauthorized person or entity. As with any electronic form of communication, there are risks that information given and received via telehealth treatment could be compromised and accessed by an unauthorized individual or entity. Other risks of telehealth include lags in internet connectivity or other connectivity or internet problems, such as outages. We encourage you to ensure that your internet connection is secure and fully functional to minimize some of these risks. We also advise you to place yourself in a location where others are not able to hear or gain access to the information being communicated. For example, please make sure no family members, roommates, or other people not involved in the treatment are not in the same room or within hearing distance of you and your electronic device. You are also not allowed to record telehealth sessions in any form, audio, video, or otherwise. Your provider has the right to immediately end a treatment session or discharge a client from services if these threats to PHI occur. Luke & Spencer Behavioral Health also acknowledges that telehealth services may or may not be as effective of a treatment option as traditional face-to-face treatment services. Telehealth services are not to be provided simply out of convenience. Rather, telehealth services are provided as a way to overcome some barrier to accessing treatment, such as when an individual is ill, has a disease, has mobility challenges, is unable to leave the home, or is otherwise physically or mentally disabled or unable to attend in person.

I have read, understand, and acknowledge the 'Telehealth Treatment Statement,' and I consent to receive telehealth services if or when this delivery of service is needed.

Client Name

Responsible Party Signature

Date

Consent to Treat/Description of Services

Luke & Spencer Behavioral Health, PLLC

Luke & Spencer Behavioral Health is committed to providing quality services to you and your family. You have the right to choose where you receive behavioral health services, and you also have the right to terminate services at any time. Below is a description of the procedures and services that Luke & Spencer may provide. Please contact our office to confirm which services may or may not be currently provided, as well as which insurance plans are currently being accepted.

- Typically, the first step to receiving services involves the client, or legal guardian, completing initial paperwork. Once this is completed, the client is scheduled for a 'Comprehensive Diagnostic Assessment'(CDA). This is the initial assessment where the clinician evaluates the client's current behavioral health status, the reasons for seeking treatment, provides a clinical diagnosis, and makes recommendations for services that may benefit the client. This initial assessment can last between 1-2 hours depending on the content discussed. This appointment may also include additional assessments as needed or requested by the clinician, agency, or insurance provider. For example, there may be certain assessments required prior to receiving behavioral health services, such as a CANS assessment for minors under the age of 18, or an ASAM assessment for an individual seeking substance use treatment. It is expected that a legal guardian accompany a minor during the CDA.
- The second appointment is typically spent with the clinician and client developing a "Treatment Plan." This is a formal, written plan where goals for treatment are developed and tasks or objectives for treatment are identified. This session may also include the development of a safety plan or any other plans or assessments needed to begin treatment. The official provision of services typically doesn't begin until after the CDA and other necessary assessments are completed. Every 90 days, if required, the clinician and client will review the treatment plan and discuss progress made towards the goals and make any changes to the plan that may be appropriate for the needs of the client.
- **Psychotherapy:** Also referred to as 'counseling' or 'therapy', this service is typically provided in an office setting in person, via a telehealth transmission, or occasionally in a client's home. This service is provided by a master's level clinician who uses evidence-based, or research-based, interventions such as Cognitive Behavioral Therapy(CBT), Dialectical Behavioral Therapy(DBT), Eye Movement Desensitization and Reprocessing(EMDR), Solution-Focused Therapy(SFT), Motivational Interviewing(MI), Play therapy, or any other evidence-based method of treatment. Psychotherapy sessions typically last 40-60 minutes and may occur about once per week, or as frequent as medically necessary and agreed upon by the clinician and client. Various forms of psychotherapy include, individual, family, couple's, or group psychotherapy. Benefits of psychotherapy may include a reduction in the symptoms of a mental illness, improved functioning in various areas, or improved quality of life, among others. Risks of psychotherapy may include no progress made in a client's mental health, experiencing unpleasant thoughts or emotions, or not fitting well with the providing clinician, among other possible risks. Individual clinicians may provide additional information pertaining to specific interventions. You are encouraged to ask questions so that you feel comfortable receiving services with us. On occasion, psychotherapy is provided at no cost by an intern or practicum student studying to become a psychotherapist. Interns practice under a licensed supervisor.
- **Community-Based Rehabilitation Services(CBRS):** Skills Building/CBRS is a home or community-based service that utilizes psychiatric rehabilitation interventions designed to build and reinforce functional skills. Skills Building/CBRS modalities and interventions vary in intensity, frequency, and duration in order to support a member's ability to manage functional need independently. This service is available to youth diagnosed with serious emotional disturbance (SED) and adults recovering from a Severe and Persistent Mental Illness (SPMI) and Serious Mental Illness (SMI). Skills Building/CBRS is driven by an individualized Skills Building treatment plan based on a member's specific needs and strengths identified from a comprehensive diagnostic and functional assessment. Services are provided in a manner that is strengths-based, culturally competent and responsive to each member's individual psychosocial, development, and treatment needs.*
- **Case Management(CM):** Behavioral Health Case Management is a collaborative process that assesses, plans, links, coordinates, and monitors options and services that address a member's needs. Case Management is provided to members with a behavioral health diagnosis (both mental health and substance

use disorders) who are unable to navigate or coordinate the service system independently. Additionally, Case Management can be provided to members transitioning out of an inpatient or residential treatment. Case Management can be provided up to 180 days prior to the member's discharge from the inpatient or residential facility.*

- **Targeted Care Coordination(TCC):** Targeted Care Coordination (TCC) is the process that assists youth and their family to locate, coordinate, facilitate, provide linkage, advocate for, and monitor the mental and physical health, social, educational, and other services as identified through a child and family teaming process that includes assessment and reassessment of needs and strengths. Targeted Care Coordination must be consistent with the Principles of Care and the Practice Model of the Idaho Youth Empowerment Services (YES) system of care.* For more information on TCC contact this agency or Optum Idaho.
- **Peer Services:** Peer support workers are people who have been successful in the recovery process and choose to use their personal experience to help others navigate the process of recovery. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. (SAMHSA Substance Abuse and Mental Health Services Administration, 2020) Peer Services include: Adult Peer Support, Family Support, Recovery Coaching and Youth Support.*
- **Skills Training and Development(STAD):** Skills Training and Development is treatment for members whose functioning is sufficiently disrupted to the extent that it interferes with their daily life as identified by a comprehensive diagnostic assessment and functional assessment tool. Skills Training and Development is:
 - Provided in a structured group environment within a mental health clinic or an appropriate group setting.
 - Independent and/or group activities focusing on enhancing and/or developing social, communication, behavior, coping, and basic living skills. Activities can include each participant doing the same or similar tasks in the group or individuals doing independent tasks and bringing them back to the group.
 - Used to treat mental health and co-occurring disorders.
 - Offered separately for youth or adults.
 - Provided in a manner that is strengths-based, culturally competent and responsive to each member's individual psychosocial, developmental and treatment needs.*
- **Intensive Outpatient Program(IOP):** Intensive Outpatient Programs (IOP) are structured programs available to adults and adolescents who are recovering from mental health (MH) including eating disorders and/or substance use disorders (SUDs), experiencing moderate behavioral health symptoms that can be addressed and managed in a level of care that is less intensive than partial hospitalization but that require a higher level of care. IOP occurs at a minimum of three (3) days per week, maintaining at least nine (9) to nineteen (19) hours of service for adults and at least six (6) to nineteen (19) hours of service for adolescents. Common Treatment duration is six to eight weeks for IOP.*
- **Partial Hospitalization Program(PHP):** Partial Hospitalization programs can be used to treat mental health conditions, including eating disorders, or substance use disorders, or both; i.e., co-occurring conditions. Partial Hospitalization is a facility-based, structured bundle of services for members whose symptoms result in severe personal distress and/or significant psychosocial and environmental issues.... Partial Hospitalization programs are appropriate for members who are experiencing symptoms that can be addressed and managed in a level of care that is less intensive than psychiatric hospitalization but who require a higher level of care than routine outpatient or other intensive services. Partial Hospitalization provides not only behavioral health treatment, but also the opportunity to practice new skills. Services for adolescents are offered separately from services for adults...PHP Services are delivered a minimum of 20 hours per week and no less than four days per week (may include evening or weekend) for adults or children/adolescents. Common Treatment duration is four to six weeks for PHP.*
- **Substance Abuse Treatment:** Any treatment service noted above which may be provided specifically for a client recovering from a substance use disorder. These services may also treat mental health challenges as part of the substance use treatment. Substance Abuse Treatment can be received in the form of psychotherapy, group treatment, case management, recovery coaching, IOP, or PHP, typically.

*Service description provided at OptumIdaho.com

Recipients of services may be discharged involuntarily if the client exhibits physical or verbal aggression, abuse, or violence towards staff, other clients, or anyone else on the premises, brings a weapon on premises, or engages in any illegal or unlawful act on premises. A client may also be discharged for failure to comply with program rules or treatment recommendations. Lastly, a client may be discharged if their health insurance plan does not cover the services requested or if they refuse to pay for services as established in the financial policy of this agency.

ATTESTATION OF CHOICE OF SERVICE LOCATION AND CONSENT TO TREAT

I attest that I voluntarily consent to receive services at Luke & Spencer Behavioral Health. I have read, understand, and consent to the Luke & Spencer Behavioral Health “Client Rights and Responsibilities,” the “Financial Policy,” the “No-Show Policy,” the “Notice of Privacy Practices,” and the “Consent to Treat/Description of Services” on this form. I acknowledge that I have not been coerced or manipulated to receive services here, unless required by law. If I am to receive services with a provider at this agency who I have previously received services from at another location or outside agency, I am electing to continue receiving services with the same provider by my own free will and choice. I acknowledge that I may withdraw my consent to receive services at this location at any time.

Client Printed Name

Responsible Party Signature

Date

Release of Protected Health Information

I, _____ authorize Luke & Spencer Behavioral Health, PLLC to send or receive health information for and in behalf of myself and/or (*Client*) _____ to/from the following person/s, entities, agencies, or organizations:

| Name | Relation | Contact Information (if known) |
|------|------------------------|--------------------------------|
| | Primary Care Physician | |
| | | |
| | | |

Information to be disclosed or received is for the purposes of coordinating care, consultations, or determining eligibility for services, and it also may include written, verbal, facsimile, telephone, electronic, or any and all forms of communication.

Information to be released includes:

- All Health Records and Information (including, but not limited to, mental/behavioral health, medical, psychological, psychiatric and substance use records)
- Comprehensive Diagnostic Assessments and Treatment Plans
- Substance Use Assessments
- Other: (Specify) _____

Or:

- I do not wish to disclose any protected health information

I understand and consent to the risk that the information sent or received is subject to limitations of phone, fax, mail, internet, and any other electronic or paper technology or human error that could compromise the confidentiality of the health information.

I also understand and consent to the risk that the information sent or released from this agency is subject to redisclosure of the information by the person/s, entities, agencies, or organizations receiving it, and therefore would not be protected by federal privacy regulations relating to Alcohol and Drug Patient Records and HIPAA.

I understand that this consent is valid for a period of 12 months or expires on: (date) _____

I understand that I may revoke this authorization at any time, and I must do so in writing. I understand that any information released prior to the revocation cannot be reversed.

I understand that this authorization is voluntary and will not affect my participation in treatment or financial obligations to this agency. I also understand that this agency may be required to release health information as required by the law, health insurance providers, or our limits to confidentiality regardless of if I refused to disclose, or revoked disclosure of, health information.

Signature of Responsible Party

Date

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult