

Reflections Counseling and Educational Services, Ltd.
430 W. Warner Road Suite 124
Tempe, Arizona 85284

CLIENT'S NAME: _____ SS# _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE: _____ DATE OF BIRTH: _____

FAMILY PHYSICIAN: _____

REFERRED BY: _____

OCCUPATION: _____ WORK TELEPHONE: _____

CELL PHONE: _____ EMAIL: _____

EMPLOYER OF CLIENT: _____

NAME OF SPOUSE: _____ SPOUSE SS# _____
(PARENT) (If client is a minor)

SPOUSE DATE OF BIRTH: _____

EMPLOYER OF SPOUSE _____ WORK TELEPHONE: _____
(PARENT) (If client is a minor)

RESPONSIBLE PARTY: _____

ADDRESS: _____

INSURANCE: 1. _____ GROUP # _____ I.D.# _____

Mailing Address:: _____

2. _____ GROUP # _____ I.D.# _____

Mailing Address: _____

ASSIGNMENT OF BENEFITS:

I authorize medical payment of benefits, major medical benefits, Medicare, private insurance, and any other health plan to Reflections Counseling and Educational Services, Ltd. This will remain in effect until revoked in writing. A photocopy is as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize release of medical information necessary to process claim.

I agree to pay for services. I understand that a charge will be made for appointments not cancelled 24 hours in advance.

SIGNATURE: _____ DATE: _____ -

**Reflections Counseling and Educational Services, Ltd.
Client Responsibilities**

- 1. Clients will have a responsibility to provide accurate and complete information about their presenting complaints, past illnesses, hospitalization, medication and other matters relating to their health.**
- 2. Clients will have a responsibility to report any present, recent or past problems in response or compliance with casework guidance and management, recommended counseling or treatment plans, prescribed medications (including mood and/or behavior modifying medications).**
- 3. Clients will have a responsibility to make it known to the assigned counselor whether they clearly comprehend the recommended treatment plan and their role in the treatment process.**
- 4. Clients will have a responsibility for following the recommended treatment plan and reporting any problem encountered, together with any significant changes in their condition.**
- 5. Clients will have the responsibility for keeping appointments and for notifying their assigned counselor when they are unable to do so.**
- 6. Clients will have the responsibility for their actions in and consequences of refusing to comply with or following the recommended treatment plan.**
- 7. Clients will have a responsibility to follow agency rules and regulations affecting client treatments, vehicles, and conduct on the premises including the ground and parking lots. These include smoking regulations and noise regulations.**
- 8. Clients will have a responsibility for being considerate of the rights of others including the assigned counselor. Profanity, verbal abuse and/or threats involving staff will be grounds for discharge from Reflections Counseling and Educational Services, Ltd.**
- 9. Clients will have a responsibility for being respectful of the rights and property of other clients, the staff and the Reflections Counseling and Educational Services, Ltd. agency.**
- 10. Clients will have a responsibility for the care of basic personal hygiene, grooming and dressing appropriately.**
- 11. Clients will have a responsibility for assuming whatever financial obligation may be involved in their treatment and the obligation is to be fulfilled as promptly as possible (where applicable).**

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

**Reflections Counseling and Educational Services, Ltd.
Informed Consent**

As a client of Reflections Counseling and Educational Services, Ltd., our prime responsibility is your welfare. In addition, we have the responsibility to inform you of what takes place during therapy.

A general description of what occurs in therapy follows:

- 1. Therapy is a learning process designed to teach you how to better handle whatever concerns you may have.**
- 2. In therapy, you will work with a highly trained Mental Health Professional. Your therapist is skilled at listening to you, developing trust between the two of you and providing guidance that will be helpful to you.**
- 3. Therapy is a process that takes time to get used to or to be comfortable with.**
- 4. Therapy requires your commitment of time and energy because of the pain and difficulties that are part of the process.**
- 5. During therapy, progress is not necessarily immediate or steady.**
- 6. During therapy, you may need to discuss uncomfortable topics.**
- 7. During therapy, your active participation and emotional involvement is needed for the process to be beneficial and of lasting help.**
- 8. The positive results of effective therapy are gradual decrease in your depression and anxiety combined with a greater ability for you to pursue personal goals.**

Thus therapy is a learning process requiring of you, courage, patience and perseverance. As you commit yourself to working closely with the counselor, he/she will assist you with whatever life changes you desire and thus help reduce personal distress and provide guidance as you get on with your life.

As you work with your counselor directly, he/she will give you more specific details of your diagnosis and specific recommendations for you to follow as you work together in the healing/learning process of therapy.

Your counselor is also a part of a team of Mental Health Professionals at Reflections Counseling and Educational Services, Ltd. We are all committed to providing a secure environment in which you are comfortable sharing yourself in an open manner. Your right for security and the assurance of confidentiality is a professional and legal responsibility we agreed to maintain as professional counselors. However, it is important for you to know that we do consult among ourselves aspects of our client's difficulties that concern us. This is done in the most discreet way. Client records are only shared among the Reflections Counseling & Educational Services, Ltd. staff, as it is necessary for the therapist to get some prospective on what may be the best approach the therapist can take in helping his/her client.

In order to share information outside of Reflections Counseling and Educational Services, Ltd., you will need to sign a release of information.

Our desire is to share the least amount of information as required by law and only with the written approval of the client.

While confidentiality is protected by law, there are certain times when we are legally bound to report what clients say. For instance, what minors say cannot be kept a secret from their parents. Also, we are required to report, when a client is obviously a danger to themselves or others, case involving child abuse and other situations required by law.

Client's Signature: _____ Date: _____

Reflections Counseling and Educational Services, Ltd.
Client Rights

- 1. Each client shall be afforded the right to treatment and services under conditions that support the client's personal liberty and restrict such liberty only as necessary to comply with treatment needs.**
- 2. Each client shall be afforded the right to an individualized, written treatment plan to be developed promptly after admission; treatment based on the plan; periodic reassessment of needs, and appropriate revisions of the plan including a description of the services that may be needed for follow-up.**
- 3. Each client shall be afforded the right to ongoing participation in the planning of services to be provided as well as participation in the development and periodic revision of the treatment plan, and the right to be provided with a reasonable explanation of all aspects of one's own condition and treatment.**
- 4. Each client shall be afforded the right to refuse treatment as outlined in A.R.S. 36512 and 36-513.**
- 5. Each client shall be afforded the right to not be required to participate in experimentation with the client's informed, voluntary, written consent; the right to appropriate protection associated with such participation and the right and opportunity to revoke such consent.**
- 6. Each client shall be afforded the right to freedom from restraint or seclusion. Restraint and seclusion to only be used in situations where there is imminent danger that the client will injure himself or others, and all other less restrictive methods of control have been exhausted.**
- 7. Each client shall be afforded the right to a humane treatment environment that affords reasonable protection from harm, appropriate privacy, and freedom from verbal or physical abuse.**
- 8. Each client shall be afforded the right to confidentiality of records.**
- 9. Each client shall be afforded the right to access, upon request, to his own client records in accordance with the state law.**
- 10. Each client shall be afforded the right to be informed, in appropriate language and terms, of their rights.**
- 11. Each client shall be afforded the right to legal counsel and all other requirements of due process.**
- 12. Each client shall be afforded the right to not be subjected to remarks, which ridicule them or other clients.**
- 13. Each client shall be afforded the right to not be exploited, or required to make public statements acknowledging gratitude to the program or perform at public gatherings.**

14. Each client shall be afforded the right to report a grievance with respect to infringement of these rights, including the right to have such grievances considered in a fair, timely, and impartial procedure.
15. Each client shall be afforded the right of access to a qualified advocate in order to understand, exercise, and protect his/her rights.
16. Each client shall be afforded the right to be informed, in advance, of charges for services.
17. Each client shall be afforded the right to all available services without discrimination because of race, creed, color, sex, age, handicap, national origin, or marital status and the right to referral, as appropriate, to other providers of behavioral health services.
18. Each client shall be afforded the right to exercise his/her civil rights, including but not limited to, the right to register and vote at elections, the right to acquire and dispose of property, execute instruments, enter into contractual relationships, to marry and obtain a divorce, to hold professional or occupational or vehicle operator's licenses, unless he has been adjudicated incompetent or there has been a specific right to category or rights. In the case of a client adjudicated incompetent, these rights may be devolved to the client's guardian, if so specified by the court.

CLIENT: _____

DATE: _____

Notice of Privacy Practices Protected Health Information

Privacy Officer:

Telephone: 602-717-0497 **Fax:** 480-889-3197

E-Mail: ray@reflectionsounselors.com

Address: 430 W. Warner Rd. Suite 124
 Tempe, AZ 85284

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201

To Contact Us

Please make all requests in writing to:

Reflections Counseling and Educational Services, Ltd.
430 W. Warner Road Suite 124
Tempe, Arizona 85284

This notice is effective as of November 14, 2021. This authorization will expire seven years after the date on which you last received services from us.

I authorize you to disclose my mental health information in the manner described above. I am also acknowledging that I have received a copy of this authorization.

Client Name Printed

Date

Client Signature

Authorized Provider Representative

Personal Representative Printed

Personal Representative Signature

Description of personal representative's authority to act for the client