

Informed Consent and Grievance Policy

** indicates a required field*

The Psychology Lab

Purpose of Treatment

The purpose of treatment is to help resolve and/or relieve symptoms, distress and/or impairment, improve quality of life, relationships and/or functioning. As the patient, you have the right to be involved in decision making and treatment planning to help meet your needs. Please note client and patient will be used interchangeably.

Procedures and Treatment Planning

About The Psychology Lab

The Psychology Lab is a DHS-licensed outpatient treatment center (License No. OTC13797), owned and operated by Breeanna Horton, LCSW. We provide services for individuals seeking support with general mental health concerns and substance use. Our offerings include, but are not limited to, individual therapy, couples therapy, family therapy, intensive outpatient treatment, and medication management.

The Psychology Lab operates as a teaching and collaborative facility. Our clinical team may include master's-level clinicians, associate-level licensees, independently licensed providers, interns, and Nurse Practitioners. Each provider brings their own training, certifications, modalities, and areas of expertise. You are encouraged to discuss your provider's background, approach, and methods during your first session.

Supervision and Oversight

Although services may be provided by various clinicians, all providers at The Psychology Lab are overseen by the owner, Breeanna Horton, LCSW, who offers direct and clinical supervision as required or appropriate. If you are working with a clinician other than the owner, you acknowledge that your therapist will receive ongoing supervision from Breeanna regardless of their license level. This may include discussion of your case to ensure high-quality, ethical, and clinically sound care.

Breeanna will have access to your client record and treatment information and is held to the same confidentiality standards outlined in this informed consent. Your clinician will review their credentials, training, and scope of practice with you during your initial session.

About the Owner

Breeanna Horton holds both a Bachelor's and Master's degree in Social Work from Arizona State University, as well as a Master's in Business Administration from Keller Graduate School of Management. She has completed extensive post-graduate training, supervision, and state board examinations to obtain independent licensure as a Licensed Clinical Social Worker. Breeanna is licensed in both Arizona and Alaska.

Her ongoing education includes training in a variety of philosophical, theoretical, experiential, and evidence-based approaches.

Treatment Approach

Each clinician at The Psychology Lab works collaboratively with you to develop a treatment approach tailored to your needs, goals, and preferences. It is important to discuss with your provider which modalities they are trained in and which approaches may best support your healing. Each patient has the right to participate in treatment decisions, and development and periodic review and revision of your treatment plan. The patient may refuse any recommended treatment and be advised of the consequences and risks of refusal or withdrawal.

Following an initial assessment period, you and your clinician will work together to establish treatment goals and identify appropriate therapeutic methods. Your treatment plan will be reviewed throughout the course of therapy and updated at least annually.

Therapists at The Psychology Lab may use a range of interventions, including cognitive-behavioral strategies, evidence-based practices, experiential methods, and other clinically appropriate techniques aligned with your treatment plan.

Please be aware that, when clinically appropriate, we may consult with other members of your care team to ensure that your treatment is consistent with best practices and coordinated with your overall healthcare needs.

Benefits, Limitations, and Potential Risks of Treatment

The majority of individuals benefit and find relief from the process of psychotherapy and or mental health treatment. Given the nature of the process, some risks do occur and you may experience some unwanted feelings or discomfort. Please keep in mind that you are encouraged and welcomed to bring up any concerns with your therapist at any time regarding your treatment which can be re evaluated and adjusted as needed. There is risk when transferring providers, both within TPL and to an outside provider. It is encouraged and recommended you discuss these concerns should they present in your treatment. You also have the right to decline or discontinue services at any time.

In treatment, it is crucial for patients to arrive in a sober and present state, as it allows for a more effective and meaningful therapeutic process. If a patient attends a session under the influence of substances, the therapist reserves the right to discontinue the session in order to prioritize the safety and well-being of both the patient and the therapeutic space. In such cases, arrangements for transportation may need to be made and a thorough assessment of the patient's level of care needs will be conducted.

Nature of the Therapeutic Relationship

TPL will provide treatment to a patient only in the context of a professional relationship based on the informed consent for treatment. The therapeutic relationship between client and provider is exclusively professional and exists solely to support your emotional, psychological, and relational well-being. In accordance with Arizona Board of Behavioral Health Examiners (AZBBHE) regulations, this relationship is not social, familial, romantic, financial, or otherwise dual in nature.

To protect the integrity of the therapeutic process and ensure ethical care:

- Staff at TPL do not engage in personal, business, or social relationships with clients outside of therapy or their role at TPL.
- Any form of dual relationship or conflict of interest is strictly avoided.
- Communication and contact outside of sessions are limited to scheduling, billing, or clinically relevant matters.
- Physical, emotional, and relational boundaries are maintained to foster safety, trust, and therapeutic effectiveness.

Session time expectation

Our sessions typically are 50 minutes to 60 minutes for therapy. Anything over 60 minutes may result in additional costs. The Psychology Lab allows a 15 wait period at the beginning of your session to allow time in case you are running late. If we do not hear from you at that time we will attempt to reach out through your portal or another means. After that time should we not hear back from you, or additional time passes your session will likely need to be cancelled and or rescheduled, and a fee may be applied.

Identified Client/Patient

A couple, family, individual, or minor may be the identified patient for treatment purposes. This will be discussed at the onset of treatment and during treatment planning. Should the identified patient be a couple or family, all participating member[s] of the system must consent to services, acknowledge that documentation will be kept in one patient file, participate in treatment planning, provide written authorization to release information, and attend sessions as scheduled or discussed. It is crucial with systems that communication includes all members and that the clinician is not asked to keep information [secrets] from one another. At times it may be clinically appropriate to meet with separately, however, the information disclosed during that time may be discussed with the other members at the clinician's discretion.

Legal Consent for a Minor

In Arizona, when a minor engages in therapy, the legal aspects of who is considered the "patient" can vary based on several factors, including age and parental involvement. Here's a breakdown of Arizona law regarding minors in therapy:

1. Who is the Legal Patient?

The Minor: Legally, the minor receiving therapy is considered the patient. This means the minor's mental health and well-being are the focus of the therapy.

Parents/Guardians' Role: While the minor is the legal patient, parents or guardians typically have the legal authority to consent to treatment for minors, especially for those under the age of 18. This includes the right to access certain treatment information, depending on the circumstances. Once a

minor turns 18, the chart is turned over to the patient. Parents will no longer have access to the chart. The chart will shift to an adult chart, and new consents will need to be completed.

2. Parental Consent for Treatment

In Arizona, parents or legal guardians are generally required to provide informed consent for minors under the age of 18 to receive therapy.

Exceptions: In some cases, a minor may seek and consent to certain mental health services without parental consent, such as:

3. Confidentiality and Parent Access to Records

Confidentiality: Although parents or guardians typically have access to their child's health records, there are situations where the minor's right to confidentiality may be protected. For example, if sharing information with parents would harm the minor, a therapist may withhold certain details under Arizona law and HIPAA regulations.

Best Interest of the Child: Therapists are often required to balance the parents' rights to access records with the best interest of the child, particularly if revealing certain information could endanger the minor or damage the therapeutic relationship.

4. Legal Emancipation or Special Circumstances

In cases of emancipation (where the minor has legally been granted adult status), the minor can legally make decisions regarding their health care, including therapy, without parental consent or access to records.

Custody and Divorce: In situations where parents are divorced, Arizona law usually requires both parents to be involved in major health decisions unless one parent has sole legal decision-making authority. It is important to ensure that the appropriate parent is providing consent.

Parental/Guardian Representation & Liability TPL relies on the accuracy of the information provided by parents, legal guardians, or individuals asserting decision-making authority for a minor. By signing this consent, you affirm that all information you provide regarding legal custody, decision-making rights, and authorization for treatment is true, current, and complete.

TPL is not responsible or liable for any consequences, disputes, or damages arising from false, inaccurate, incomplete, or misleading information provided by a parent, guardian, or other representative. If it is later determined that the individual consenting to treatment did not have legal authority, the consenting party agrees to indemnify and hold TPL harmless for any claims, costs, or damages resulting from such misrepresentation.

TPL reserves the right to request documentation of legal authority at any time and may pause or discontinue services until appropriate verification is provided.

Confidentiality

Psychotherapy sessions and documentation are confidential. Both verbal information and written records about a client cannot be shared with another party without a written release of information. There are certain exceptions afforded or required by law. Noted exceptions include but not limited to, as required by law, are as follows:

If a clinician has reasonable suspicion that a child or vulnerable adult has been the victim of abuse or neglect they are mandated by law to report the information to the appropriate authorities and are not required to inform the client of doing so.

If a clinician has reasonable suspicion to believe the client is a danger to themselves or an identified third party they are mandated by law to report the information to the appropriate authorities and are not required to inform the client of doing so.

If the clinician receives a court order signed by a judge requiring by the law the disclosure of information, the clinician shall do so.

Sessions are not to be recorded, should there be a need or request to record a session, a separate consent for recording will be discussed and required to record.

Litigation limitation: The ethics and rules of our profession preclude us from serving in a dual role of therapist and evaluator, meaning that our role as your therapist prevents us from providing a formal evaluation that would render an opinion for legal or disability purposes.

Between-Session Contact: Please contact the office at 602.425.0030 with administrative or scheduling questions. On weekdays, we will typically return administrative calls within 24-48 hours. We do not discuss clinical matters by phone or without an appointment. You may leave a message on your provider's confidential voicemail indicating the nature of the call, and your provider will return your call as soon as possible. If you feel you are in imminent danger to yourself or others or if you feel that your health is at risk, please visit your nearest emergency room; dial 9-1-1; or call the National Crisis Lifeline day or night for free immediate support at 9-8-8. 9-8-8 can be called or texted any time of time day for mental health crisis.

Additionally, there are certain legal exceptions under Arizona state law where confidentiality may be breached. These exceptions include:

Harm to Self or Others:

If you express a serious intent to harm yourself or someone else, your therapist is legally required to take necessary steps to ensure safety, which may include notifying law enforcement or arranging for hospitalization. (A.R.S. § 36-501 et seq.)

Abuse or Neglect:

If there is a reasonable suspicion of child abuse, neglect, elder abuse, or abuse and or neglect of a vulnerable adult, your therapist is a mandated by law to report this information to the appropriate state authorities. (A.R.S. § 13-3620, A.R.S. § 46-454)

Court Orders:

If a court of law issues a subpoena signed by a judge or court order requiring the release of records or information, your therapist may be obligated to comply. Efforts will be made to discuss this with you before releasing any information whenever possible. (A.R.S. § 12-2294.01)

Health Oversight Activities:

Your therapist may be required to provide information to health oversight agencies for activities authorized by law, such as audits, investigations, or inspections, confidentiality may be breached to comply with these legal requirements. (A.R.S. § 36-661 et seq.)

Consent to Release Information:

If you provide written consent or authorization to release your information to a specific person or entity, confidentiality will be waived according to the scope and terms of your consent. You can withdraw such release of information at any time.

These limitations are in place to protect you and others from harm and to comply with legal and ethical obligations. If you have any questions or concerns about the limits of confidentiality, please feel free to discuss them with your therapist at any time.

Additionally, you may review our board rules by clicking this link: <https://www.azbbhe.us/node/5>

Professional Development and Consultation

It is best practice to consult with other behavioral health professionals at times. During a consultation, we do not provide identifiable information about the client. The other professionals are also legally bound to keep the client's information confidential. If you are meeting with an intern or associate clinician, you will receive a separate notification outlining their clinical supervision and means for contacting their clinical supervisor.

Scope of Practice

The Psychology Lab is an outpatient treatment center providing a comprehensive range of behavioral health services, including psychological evaluations, medication management, emotional support animal assessments, disability-related documentation, intensive outpatient programs, group services, and psychotherapy for individuals, couples, families, and groups. The center also offers intensive outpatient treatment for substance use related to DUI requirements, DMV screenings, and substance use evaluations. Screening-only services may be provided under a limited service plan or treatment plan, and when services are restricted to screening or evaluation, a therapeutic relationship is not established.

Please note: The Psychology Lab does **not** conduct evaluations, assessments, or provide testimony for any legal proceedings, including but not limited to matters involving divorce, custody, or civil or criminal cases. If you require services outside the scope described above, we can refer you to appropriate resources.

In the event that legal actions, consultations, or proceedings result in fees or require involvement from The Psychology Lab, those fees will be billed to the responsible party.

The Psychology Lab is not a crisis responder and thus not available 24/7. The Psychology Lab will respond to general communication within 24-72 business hours. If assistance or support is needed outside of business hours and/or for any emergency or crisis situation, 911 or crisis should be contacted at: Crisis Response Network(602) 427-4600, Terros Mobile Crisis 1-602-222-9444, or Crisis Intervention Services 1-800-631-1314, or 9-8-8. 9-8-8 can be called or texted any time of time day for mental health crisis. Additionally if you reside in Alaska, you may call: JPD: non-emergency 907.586.0600, Jamhi emergency number: 907.463.3303, Bartlett Regional Hospital: 907.796.8900, Community Navigators: 907.796.8380

Patients consent to receive psychological assessment, evaluation, and treatment provided by **The Psychology Lab**. Based on the clinical team's professional judgment, various therapeutic approaches may be used, including individual therapy, group therapy, psychological testing, and other appropriate methods of care.

DUI Screening & DMV Reporting – Non-Therapy Disclosure

DUI Screening Services TPL provides DUI screening services as required by the Arizona Motor Vehicle Division (MVD/DMV) and the Arizona Department of Health Services (AZDHS). These screenings are conducted solely for the purpose of determining eligibility, required education hours, and/or treatment recommendations in accordance with state regulations.

No Therapist–Client Relationship Created Completion of a DUI screening does not establish an ongoing therapist–client relationship with TPL or any affiliated provider. The screening is an evaluative service only and is not considered psychotherapy, counseling, or behavioral health treatment.

Referral & Continued Care If the screening identifies a need for continued support, treatment, or education services, the individual may choose to receive those services through TPL or may be referred to other licensed agencies of their choice. Individuals are under no obligation to continue services with TPL.

DMV/MVD Reporting Requirements TPL is required to submit DUI screening results and recommendations to the Arizona MVD/DMV in accordance with state law. By completing the screening, you acknowledge and consent to this mandatory reporting.

Communication Policy

To protect your privacy and maintain the integrity of the therapeutic process, all clinical concerns, treatment-related questions, and therapeutic content should be discussed during scheduled sessions. Email or text communication is reserved solely for logistical matters such as scheduling, rescheduling, or cancelling appointments. Portal messaging is the safest form of communication and is highly encouraged as the way to communicate with your clinician.

Our administrative staff is available for outreach and scheduling support Monday through Friday between 9:00 a.m. and 4:00 p.m. Please allow **24–72 hours** for a response to any administrative communication, as response times may vary based on volume and clinical operations. Front desk phone number is 602.753.8835.

The therapist–client relationship, while supportive, is a professional relationship governed by ethical standards and regulatory guidelines. To preserve appropriate boundaries, we do not connect with or respond to clients on social media platforms. If we encounter one another in public, your therapist will not initiate contact in order to safeguard your confidentiality. You are welcome to discuss any questions about these communication boundaries during session.

It is the patient’s responsibility to ensure that the practice has accurate and up-to-date contact information, including a current phone number and residential address.

Communication Expectations & Provider Availability

Communication with your therapist is intended to occur **during normal business hours**, Monday through Friday. Messages sent outside of these hours will be reviewed and responded to during the therapist’s next period of availability. Our practice does **not** provide after-hours communication, crisis response, or emergency services.

Email, text, and portal messaging are reserved for **logistical matters only**, such as scheduling or rescheduling appointments. Clinical concerns, therapeutic content, or urgent needs must be addressed

during session or through appropriate emergency resources.

Therapeutic Modalities Involving Between-Session Check-Ins

Some evidence-based modalities may include **structured, clinically indicated check-ins** between sessions (for example, brief skills-based contact or accountability tasks). When this is part of your treatment plan:

- The purpose, limits, and expectations of between-session contact will be **discussed thoroughly** with you in advance.
- These check-ins are **not crisis services**, and response times may vary based on clinical schedule and availability.
- All communication will remain within professional boundaries and will occur through approved communication platforms.

Your therapist will review these expectations with you as part of your ongoing treatment planning to ensure clarity, safety, and ethical practice.

Medical Records

At times insurance companies request records, and or The Psychology Labs needs to coordinate with insurance for billing purposes please note this would require your chart to be reviewed or discussed between insurance parties.

You have a right to your medical records and may request a copy in writing by calling our front desk at 602.753.8835 or emailing connect@thepsychologylab.com. You will need to fill out a release of information for these records. Please allow 10- 21 business days for these records. These records will be sent to you electronically, through your portal, with no charge unless otherwise requested. However, if you request paper documentation please allow additional days and a charge to accommodate this specific request. If any paperwork fees occur patient will be charged for these prior to releasing of these records. The Psychology Lab will provide you with a bill/fee of these records prior to the release and payment will need to be rendered in full.

Business Owner Incapacity or Death – Record Management & Continuity of Care

TPL utilizes Theraclosure to ensure continuity of care and compliant handling of clinical records if the business owner becomes incapacitated or dies. In such an event, Theraclosure will immediately assume responsibility for securing records, coordinating transitions, and ensuring legal retention and destruction requirements are met.

For active clients (seen within the past 30 days), Theraclosure may transfer records to an appropriate local behavioral health professional to support uninterrupted treatment. You may choose to continue services with that clinician, discontinue services, or request a referral if TPL is no longer active seeing patients.

For inactive clients, Theraclosure will serve as the records custodian. The custodian will fulfill legally authorized record requests and securely destroy records once all federal and state retention timelines have been satisfied.

Clinician or Staff Incapacity or Death

If a TPL clinician or staff member becomes incapacitated or dies, TPL leadership and administrative staff will manage all necessary transitions. This includes notifying clients, coordinating temporary or permanent reassignment to another TPL clinician, and ensuring continuity of care whenever possible.

All clinical records remain securely stored within TPL's EMR and will continue to be maintained, accessed, or transferred in accordance with HIPAA, state law, and TPL policy.

Payments and Fees

You have a right to be informed of all fees and payment information. Fees are available upon request. Payment is expected at the time services are rendered. This includes cancellation fees/no shows. If you no show your appointment you will be charged at minimum from 50\$ up to the insurance allowable amount [or full session rate]. You are required to have a credit card on file for any fees, including co-payment fees that result specifically from your insurance. Please check with your insurance regarding how much your copayments will be for sessions. Your insurance sets their rates, and it is the patient's responsibility to understand what their co-pay or deductible amount is at time of service.

For any appointment that is a no show or has not been cancelled greater than 24 hours in advance TPL will bill that service time at minimum of 50\$ up to the insurance allowable amount.

Additionally, all parties must be sober within the time of the appointment. If it is suspected you are not, the therapist and or staff hold the right to cancel your appointment and you WILL be subject to cancellation fees.

Should you "no show", we are required to contact you to make sure you are doing well. This outreach may include a phone call or message through the patient portal.

Payment is due at time of session or no later than the Friday of the week in which your session was held. If you change insurance companies or are no longer insured, please notify The Psychology Lab immediately to develop a plan to move forward with cash rate session. It is the responsibility of the patient to provide accurate information. Should your account reflect a balance due to inaccurate information, and you develop an unpaid balance that remains for at least 60 days with no plan of payment your balance will be sent to a collections agency. If there is overpayment and a refund is necessary please immediately inform our front desk by calling or messaging 602.753.8835 so we can confirm your overpayment and refund these fees.

TPL charges a 1\$ CC fee for all CC transactions, invoices, or service time. You will see this bill reflected in your balance or invoices shown as "CC fee". It is the responsibility of the patient to inform TPL should you use your health savings account HSA as this will impact the CC fee.

If you choose to see your provider and your therapist on the same day, please be aware that some insurance plans will not cover multiple behavioral health services provided within the same date of service. In these situations, one or more billing codes may be denied.

By electing to receive same-day services, you agree to be financially responsible for any portion of the visit or any code that your insurance does not cover or reimburse.

Credit Card Authorization:

By your electronic signature of this form, you authorize charges to your credit card through Stripe via Simple Practice for services rendered. These charges will appear on your bank/credit card statement. You have the right to request a paper copy of this document.

I authorize The Psychology Lab to charge my credit card through Stripe. CANCELLATION POLICY: I also agree that my credit card can be charged for any session that is not cancelled at least 24 hours prior to the scheduled session.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Psychology Lab in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

AHCCCS-Contracted Plans

The Psychology Lab maintains contracts with select AHCCCS health plans. For patients whose coverage is under an AHCCCS plan **for which TPL holds an active contract**, TPL is **prohibited from charging any no-show or late-cancellation fees** under AHCCCS regulations. Please reach out to a TPL staff to inquire if your plan falls under this.

Patients covered by an AHCCCS plan contracted with TPL will **not** be billed for missed appointments, late cancellations, or same-day cancellations. Attendance expectations still apply. **Three (3) no-shows or late cancellations within a rolling 12-month period may result in your case being closed at TPL**, consistent with AHCCCS guidelines and TPL policy regarding continuity of care.

If your AHCCCS coverage changes, ends, or transitions to a non-contracted plan, standard TPL fees and cancellation policies will apply. It is the patient's responsibility to notify TPL immediately of any insurance changes.

For Gila River information:

[Behavioral Health Services - Gila River Health Care](#)

Gila River Indian Community Crisis Hotline: 1.800.259.3449

Veterans Affairs Community Care Network

Patients utilizing a Veterans Affairs Community Care Network (VACCN) authorization will not be charged late-cancellation or no-show fees. Attendance expectations still apply. If a patient accumulates three (3) late cancellations or no-shows during the course of services, or within any six-month period, the provider may determine that continued treatment is not clinically or administratively appropriate and may discontinue services in alignment with The Psychology Lab's attendance policy.

No Surprise and Good Faith Estimate Notification

Disclaimer The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate. There may be additional items or services the convening provider or convening facility recommends as part of the course of care that must be scheduled or requested separately. If you are billed for more than this Good Faith Estimate, you may have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

If you do receive a bill that is \$400 or more, you may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. The initiation of this process will not adversely affect the quality of health care services furnished to an uninsured (or self-pay) individual by a provider or facility. If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing your bill. For questions or more information about your right to a Good Faith Estimate, the dispute resolution process, or to get a form to start the dispute resolution process, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985 3059.

PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.

Disclaimer This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, and your bill is \$400 or more for any provider or facility than your Good Faith Estimate for that provider or facility, federal law allows you to dispute the bill. The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate. If you are billed for more than this Good Faith Estimate, you may have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you

for disputing your bill. 9 There is a \$25 fee to use the dispute process. If the Selected Dispute Resolution (SDR) entity reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate, reduced by the \$25 fee. If the SDR entity disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises/consumers 800-985-3059. or call 1- For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov , or call 1-800- 985-3059. Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount. **PRIVACY ACT STATEMENT:** CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.

Patient expectation and responsibility

While receiving services at The Psychology Lab, it is expected that:

You will be a participant in your own mental health treatment. You will have the opportunity to choose a treatment team and participate in any treatment team decisions about your case.

Show up on time for all scheduled appointments. No shows may result in a cancelation fee.

Attend all appointments and activities free from the influence of substances.

The clinic is a non-smoking site. A specific smoking area is identified outside for all tobacco products, including electronic cigarettes.

Violence and abuse towards any staff member or another patient will not be tolerated and may result in consequences such as discharge and/or legal involvement.

I understand the expectations of me as a patient of The Psychology Lab. I understand that not adhering to these expectations may result in discharge from the program and/or legal consequences.

Patients have the right to refuse any recommended treatment, withdrawal consent to treatment, and be advised of the consequences and risk of refusal or withdrawal. Patients have the right to participate in treatment decisions and the development of their own treatment plan and the revision of their treatment plan.

Employee Assisted Services [EAP]

Some clients access therapy through an Employee Assistance Program (EAP). EAPs are short-term, often solution-focused benefits offered by employers to support employee well-being. If you are using EAP benefits, the following information applies:

Nature and Scope of EAP Services

- EAP sessions are often designed to provide brief, goal-directed support, though not always limited to this.
- EAPs authorize a limited number of sessions within a defined time frame.
- EAP services are not intended to replace ongoing psychotherapy, higher levels of care, or specialized treatment needs.
- EAP benefits do not cover medication-management services, psychiatric evaluations, or any services requiring a prescribing provider.
- Some EAPs do not authorize couples therapy, family therapy, or specialized treatment modalities. If a service is not covered, you may elect to continue through insurance or self-pay.

Authorization and Session Limits

- Your EAP determines the number of sessions available and the timeframe in which they must be used.
- You are responsible for providing accurate authorization information before services begin.
- If authorization expires, is denied, or is not approved, you will be responsible for the cost of services.
- You agree to notify your clinician immediately of any changes to your employment or EAP eligibility, as these changes may affect coverage.

Confidentiality and Employer Involvement

- Clinical information shared in therapy remains confidential and is not disclosed to your employer.
- EAPs may require limited administrative information such as dates of service, attendance, and high-level treatment focus (e.g., stress, relationship concerns).
- Some EAP programs may request limited clinical or administrative information in order to continue or authorize your care. When required, only the minimum necessary information will be provided to support your access to services.
- In rare cases involving workplace safety concerns, an EAP may require limited administrative notification. Only the minimum necessary information will be provided.

Billing, Documentation, and Attendance

- When EAP is billed the EAP agency often determines what platform these sessions are billed [i.e through their system vs ours].
- Some EAPs require brief treatment summaries or progress updates. These include only high-level information and do not contain detailed clinical notes.

- Most EAPs do not reimburse for missed or late-cancelled appointments. You may be responsible for the full session fee if you do not attend or cancel within the required timeframe.
- If you choose to continue therapy after your EAP sessions end, billing will transition to your insurance or self-pay rate.

Transition to Ongoing Care

- Once your authorized EAP sessions are completed, your clinician will review ongoing treatment needs.
- You may be referred to an outside provider if your treatment needs fall outside the scope of EAP or this practice.
- If you wish to continue services with your current clinician after EAP benefits end, you may do so through your insurance or self-pay.
- Any Transition planning is collaborative and designed to support continuity of care and clinical appropriateness.

Release of Liability

I understand that The Psychology Lab will act in the best interest of all parties, and the safety of its patients, staff and program, and will strive to provide the most supportive services. I understand that The Psychology Lab makes every effort to provide the safest environment.

I understand that The Psychology Lab is not responsible or liable, directly or indirectly for any damage or loss caused or alleged to be caused by other patients, acts of natural disasters, terrorism, accidents, or in connection with the use of or reliance on any information obtained from third parties.

I also acknowledge that decisions made by third parties such as Orders of a court, Department of Child Services, law enforcement, medical or mental health personnel, educators, insurance companies, or other professionals, are solely the decisions of third parties. Decisions made by third parties do not necessarily constitute an expressed or implied agreement or approval by The Psychology Lab. As such, The Psychology Lab is not responsible for the decisions of third parties, nor is The Psychology Lab responsible or liable, directly or indirectly for any damage or loss caused or alleged to be caused by or in connection with the decisions made by third parties.

Therefore, I release The Psychology Lab of any liability.

Grievance Information

Patients and/or their guardians have the right to initiate a grievance at any time and have a right to due process.

PROCEDURE

A. Protocol

1. The Grievances Policy and Procedure shall be posted in a conspicuous location on the premises.
2. Upon admission of a patient, a copy of a list of Patient Rights and a copy of this grievance policy will be reviewed with the patient and/or the patient's guardian, so they will be informed of this complaint process and the right to file a grievance.
3. At any time, a copy of the Grievances Policy and Procedure shall be provided upon request to a patient and/or guardian.
4. The Agency is prohibited from discharging, discriminating, or retaliating in any way against any patient by whom or on whose behalf a grievance has been submitted to the Bureau of Medical Facilities Licensing or any other entity, or against any patient by whom or on whose behalf has participated in a grievance investigation process.
5. Patients and/or guardians are first encouraged to verbally resolve any issue with the Clinical Director. The Clinical Director will assess any problem or complaint and help the complainant work through the problem. The Clinical Director will review issues with complainant and seek to come to a satisfactory agreement or solution to resolve the issue. If no agreement or solution is reached, the patient and/or guardian may file a grievance.
6. Per AZDHS rules to file a complaint, all grievances must be submitted in writing and must be initiated no later than one (1) year after the date of the alleged rights violation or condition requiring investigation. However, complaints about a licensed clinician can be made to AZBBHE more than a year after the date. Grievances may be hand-written. Patients who are not able to write may get assistance from any staff member. The written grievance may be submitted to the administrative office or any staff member.
7. Grievances must include:
 - a. The name of the person filing the grievance,
 - b. The name of any patient or staff members involved,
 - c. Mailing address and phone number of complainant,
 - d. Date of incident (or if unknown, approximate date),
 - e. Brief description of the issue or incident,
 - f. What has been done so far to resolve the issue,
 - g. Resolution or solution desired.
- B. Grievance steps and deadlines:
 1. If the grievance issue is a matter of health and safety of a patient or staff member, or if it involves allegations of abuse, the grievance will be reviewed and investigated within twenty-four (24) hours.
 2. For all grievances, the Agency will generate a written response to the complainant within thirty (30) working days from the date the grievance is submitted; summarizing the actions taken or the actions that will be taken.
 3. If the actions summarized are not satisfactory to complainant, the complainant can take further actions. Contact information will be provided for other entities wherein the complainant can take his or her grievances.

4. Complete resolution of the grievance should be reached in ninety (90) days. If the investigation or resolution must be extended due to circumstances surrounding the issue or incident, the Agency will notify the person filing the grievance in writing and update the person every thirty (30) days. The notification should indicate what further steps will be taken to resolve the issue.

5. Copies of all grievances, investigation reports, and related documentation must be kept for a period of seven (7) years.

Consent for Telehealth Services and Electronic Engagement

By signing this consent for telehealth/electronic communication engagement, you are indicating that you have read and understand these considerations regarding participating in psychotherapy services via video ("telehealth services"), as well as general electronic communication. Telehealth services will be provided remotely using telecommunication technologies such as video and audio utilizing a HIPPA secure platform. These services will only be provided when the client confirms that they are located in the state of Arizona and/or Alaska due to licensure requirements. The patient may only engage in the state in which their provider is licensed. At the Psychology Lab, we only engage in video with audio for telehealth sessions. The Psychology Lab adheres to the AZBBHE rules and regulations regarding telehealth, R4-6-1106. Telepractice C. 1. d.; R4-6-1106. Telepractice C.2. This includes but not limited to ARS Title 32, Chapter 33, related to telepractice as well as Arizona Administrative Code Title 4, Chapter 6, and the Arizona State Board of Nursing.

Benefits and Risks of Telehealth/Electronic Services

As with any mental health services, telehealth services/electronic communication presents several potential benefits, as well as some risks. Telehealth services provide ease and convenience of scheduling a meeting that sometimes cannot be met by in person services. In addition, research has demonstrated comparable effectiveness of psychotherapy via telehealth to in person services. Electronic communication is beneficial in that you may have an easier time accessing your therapist and or obtaining information faster. Please note when engaging in telehealth services you will need to provide the address of your physical location each and every session. However, potential risks do exist and are outlined below.

At The Psychology Lab, it is crucial for patients to arrive in a sober and present state, as it allows for a more effective and meaningful therapeutic process. If a patient attends a session under the influence of substances, the provider [or staff] reserves the right to discontinue the session in order to prioritize the safety and well-being of both the patient and the therapeutic space. In such cases, a thorough assessment of the patient's level of care needs will be conducted, and any subsequent impact on session fees will be discussed transparently to ensure the continuity of a constructive therapeutic relationship.

Risks to Confidentiality

Your provider will take reasonable steps to ensure your sessions are private and confidential; however, there are inherent risks to confidentiality that may still exist. Your provider will take all steps possible to ensure the platform being used is HIPPA compliant and that the provider is in a private and confidential space. It is your responsibility to participate in services only while in a room or area where other people are not present and cannot overhear the conversation to ensure privacy and confidentiality. It is your responsibility to use a location and device that is trusted by you and not to provide information to others to gain access to your sessions. If emailing detailed information to your provider such as diagnosis, general concerns, or "homework" given, these things have risk of being sent to an

unintended recipient. The Psychology Lab does NOT permit any individuals to record [either video or voice] without explicit permission. If a party records without The Psychology Lab's staff permission in writing this may result in termination of services.

Please note that text messages, does not get sent on a secure platform and are discouraged. However, all messages, are apart of the patient's records. This includes any type of outreach, either through the secure portal, phone calls, and or emails. All copies must be maintain by the person you send them to. These can be translated into the chart or directly copied.

Issues Related to Technology

Despite all precautions taken, given the nature of technology inherent risks do still exist, your appointment may be disrupted by a technology failure such as the technology may stop working during a session, other people may gain access to your session by circumventing safeguards, or stored data could be accessed by an unauthorized person(s) or company(ies) despite all efforts to protect against this.

If the appointment is disrupted due to a technology failure, your provider will call the number you have identified and attempt to help you reestablish a connection. If you do not receive a call back within five minutes, then call The Psychology Lab at (602) 753.8835. If there is a technological failure and you and your provider are unable to resume connection, you will only be charged the prorated amount of actual session time. If you are not wanting detailed, confidential information sent via email please inform your therapist so you may discuss ways to address information needed.

Audio communication alone is not permitted for services. Audio and visual aid is needed. If unable to access a camera please inform your therapist prior to 24 hours of the scheduled session so you may discuss further options in moving forward with services. We must confirm your identity through your driver's license or formal ID. **Should we meet for telehealth and video is not utilized, your identity will be confirmed by asking your DOB and session will need to be rescheduled.**

Crisis Management and Intervention

Telehealth services should not be used to manage crisis situations. Clients in crisis should contact 911 or the 24-hour crisis line at 800-273-8255, now 988. If an emergency or crisis arises during a telehealth session the provider will contact the appropriate authorities and/or crisis response to ensure safety. Emergency numbers identified:

State of Arizona: For statewide emergencies in Arizona, the following numbers are available:

- **911:** For any immediate, life-threatening emergency involving fire, police, or medical services. You can also use Text-to-911 in any county in Arizona by texting your exact location and emergency to 911.
- **1-844-534-HOPE (4673):** For any behavioral health crisis. This is Arizona's 24/7 statewide crisis line. You can also text 4HOPE (44673).
- **988:** For suicide and mental health crises, as well as substance-related issues. This national number connects you to a local crisis center. Veterans can press 1 after dialing 988.
- **511:** For highway conditions, traffic updates, and road closures. This is operated by the Arizona Department of Transportation (ADOT).
- **211:** For information and referrals to local social services, such as housing assistance, heat relief, and transportation.

- For poison control: Help is available online with <https://azpoison.com/> or by phone at **1-800-222-1222**. Arizona Opioid Assistance and Referral Line at **1-888-688-4222**

Crisis hotlines by county

If you need mental health or substance abuse support, you can also contact regional crisis hotlines, which are staffed 24/7:

- **Maricopa County:** 1-800-631-1314
- **Northern Arizona (Apache, Coconino, Gila, Mohave, Navajo, and Yavapai counties):** 1-877-756-4090
- **Southern Arizona (Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, and Yuma counties):** 1-866-495-6735

Non-emergency statewide assistance

- **Arizona Department of Public Safety (DPS) non-emergency:** (602) 223-2000. You can use this number to contact a state trooper for non-emergency situations, such as a minor vehicle collision.
- **211 Arizona:** Dial 2-1-1 to find local resources for housing, heat relief, and other social services. Help is available daily from 9 a.m. to 7 p.m..

State of Alaska:

All emergencies should be reported by calling 911. Active, non-emergency events should be reported on the business line by calling **907-450-6500**. **Alaska state troopers: 907.451.5100**

Using text messaging is NOT permitted to contact your clinician in crisis situations. Using email and or text should be limited to appointment arrangements ONLY. Should you misuse any message system and do not adjust your engagement your services may be paused or even terminated. It is vital for your safety as well as our ethics any and all interactions remain healthy, safe, and appropriate.

Emergency Procedure for When Provider is Unavailable

In the event of a crisis, emergency, or urgent situation during a telehealth session, or if the provider becomes unavailable (such as technical failure, disconnection, or inability to reach the provider):

1. Immediate Danger or Life-Threatening Emergency:

- Call **911** or go to the nearest emergency room.
- If you are experiencing a mental health crisis, you may also contact the **988 Suicide & Crisis Lifeline** by dialing **988**.

2. Non-Life-Threatening Crisis:

- Contact your local crisis hotline or behavioral health crisis team.
- If applicable, you may reach out to a trusted support person, such as a family member, friend, or community resource.

3. **Provider Unavailability (Technical Failure or Disconnection):**

- If the session is interrupted due to technical difficulties (such as internet failure or disconnection), the provider will attempt to reconnect with you within **10 minutes**. You can call the main TPL line and inform staff of issue at 602.753.8835 or portal message your provider through your secure portal.
- If reconnection is not possible, the provider will contact you to reschedule or provide an alternative method of communication.
- If you do not hear from the provider within **10 minutes** and you are in crisis, please follow steps 1 or 2 above.

4. **Follow-Up:**

- The provider will follow up with you as soon as they are available to continue care or reschedule your session.

Appropriateness of Telehealth Services

The Psychology Lab reserves the right to assess for the appropriateness of telehealth services and provide alternatives and/or resources as needed. Should you not be appropriate for telehealth services, you, the patient agree to discuss a plan of action moving forward with your clinician, and adhering to this plan to the best of your abilities.

Every session will require you to provide your physical location and address. You agree to provide your therapist with accurate information. Your provider will need this information at every session. Your therapist will confirm your identity through your photo ID/drivers license, form of identification, [for minors] birth certification along with parents photo ID, upload from your portal.

Portal messaging is best practice, most secure, and is highly encouraged as the only way to engage with any TPL staff. Please allow 24-72 hours for the staff to respond. Please note we are not a crisis center and not available 24 hours a day. If reaching out in any form of electronic communication please allow the 24 to 72 hours for response. You agree to The Psychology Lab leaving voice messages with the identifiable phone number(s) on file.

Notice of Supervision

Notice of Supervision

The purpose of this notice is to inform you, the patient, that The Psychology Lab promotes growth and learning and has individuals that are either interns, or are associate licensed and wanting to grow to another level licensure, which includes the need for supervision from someone who has a greater license and has permission from the Arizona Board of Behavioral Health. This notice is informing you of any contact information for the supervisor should you have any need, such as further questions or concerns. Please note your therapist may discuss your sessions in an individual or group setting with other therapists in the practice, however, confidentiality is upheld during these conversations.

Clinical supervision is provided to monitor and ensure protection of the public, quality clinical services, and to facilitate professional development and assess performance as a therapist. Given that, both Supervisor and Supervisee stay current and follow the regulations of the Arizona Board of Behavioral Health Examiners (www.azbbhe.us), as well as the most current American Association of Marriage and Family Therapy Code of Ethics (https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx).

The goal of supervision is to enhance professional development to uphold standards required of the licensed behavioral health professional and is required in Arizona for licensed associates to ensure quality care. Supervisors are bound by the same confidentiality as the therapist. Your therapist may discuss any ethical considerations, modalities, barriers, progress, concerns, etc. to their supervisor during an individual or in group supervision where other therapist in the practice may be present. Any conflict of interests will be addressed with an outside entity, this will require a separate consent from The Psychology Lab to the patient.

Through the course of supervision, the therapist may request the use of audiotaping or live supervision sessions. If a request is made, you will receive a written, formal request in advance. Live supervision and/or audiotaping will be used for the purpose of the therapist's professional development. You always have the right to decline the request for live or audiotaped supervision.

By signing this form, I am agreeing to allow the aforementioned therapist(s) to provide psychotherapy services under the supervision of the aforementioned supervisor(s) to my child or myself (whichever is applicable) as a part of treatment services. Including access to my records as needed to provide clinical supervision in accordance with Arizona law.

If you switch to an insurance that the associate level, or intern does not take you will be the responsible party should a balance present.

Please note when you receive an EOB from your insurance it will reflect the supervisors name, Breeanna Horton LCSW as the rendering service provider.

As the patient, you understand that you are a client under The Psychology Lab, with owner Breeanna Horton, LCSW and will be meeting with the associate level or intern level for session, and at any time you may contact Breeanna Horton at directly at: (602)425.0030 or email: connect@thepsychologylab.com with any questions or concerns. Please allow 48-72 business hours for a response. Should this be an immediate need please indicate that when reaching out.

The Privacy and confidentiality standards that were discussed on the informed consent process apply to clinical supervision too. Everyone involved in the supervision process will adhere to ARS 32-3283; unless one of the following exceptions to confidentiality apply; treat of serious harm to self or others; reasonable suspicion of abuse or neglect of a child, or abuse, neglect, or exploitation of an incapacitated or dependent adult; court order and/or subpoena; permission for the client or guardian. If you would like a copy of ARS 32-3283, we are happy to provide it. Thank you for willingness to assist your assigned clinician with his/her professional journey. If you have any further questions about the clinical supervision process, please feel free to ask.

Self-Pay

A self-pay discount may be offered by individual providers at The Psychology Lab to patients who elect to pay in full on the date of service. A Fee list is available upon request. The Psychology Lab will not submit claims to an insurance carrier if one is not provided, if insurance is out of network, or the patient has requested a self-pay status. If you have insurance and are opting into self-pay services you understand you are waiving certain rights that are provided to you by your insurance carrier. If you have any further questions about this please feel free to ask a staff member or your insurance provider. If you request a self pay status you will also be sent a good Faith Estimate [GFE] to reflect your self-pay status and amount owed for sessions.

- All fees for self-pay service must be paid on the date of service.
- By signing this document you understand it is your responsibility to provide insurance information to your provider and by not doing so you agree to move forward as self-pay and will opt out of The

Psychology Lab billing your insurance plan.

- If you have insurance but are opting into self pay you understand The Psychology Lab will not "back pay" for any services rendered. Patient's who have in network insurance but are opting into self-pay sessions, your session rates will be based on your provider self pay rate. Your session will not be billed through the insurance, it will be billed directly through self-pay with your card on file. Insurance coverage will start when you provide your insurance information and request that your provider start billing said insurance. You understand that you are either waving to use your insurance or accepting to go with a non-participating provider. You understand that by signing this consent you are not seeking to reimburse services rendered. You agree to pay the established rate and that you may be waiving certain rights that are provided to you should you use insurance.

Please note The Psychology Lab services range depending on your services. You will receive an estimate regarding this. If your fee changes you will receive a 30 day notice.

By my signature below, I acknowledge that I have read and understand the above and have been given the opportunity to ask questions. I confirm that I am the patient, or the patient's duly authorized representative.

Pay Consent

You, as the patient understand, that by signing this agreement, are agreeing to pay any non-covered services and/or all co-pay/deductible amounts. Under HIPAA [your health care provider] The Psychology Lab DBA/ The Love Lab PLLC may share your information either: face-to-face, over the phone, or in writing to your insurance, or health plan. The Psychology Lab may share relevant information if: You give your provider or plan permission to share the information. By signing this agreement, you do not object to sharing of this information.

You understand as the patient that it is your responsibility to provide accurate information regarding your insurance coverage. The Psychology Lab will make every billing effort to obtain reimbursement of the services provided from the identified insurance carrier. The Psychology Lab does not submit backdated claims. It is the patient's responsibility to provide the correct insurance information at or before services are rendered. Should the insurance carrier deny services or the information show as inaccurate, and/or your insurance is out of network with The Psychology Lab, and there is an overdue/outstanding balance, it then becomes your responsibility to pay the balance in full. You could be billed the contracted rate that was denied or the self pay rate depending on the situation. Fee's or self-pay rate is available upon request and determined by several factors. Should you incur a high balance services may be paused until the balance is reduced and or paid off.

The Psychology Lab understands that financial dilemmas that may arise and is able to set up payment plan. A payment plan needs to be set up prior to 30 days of a balance incurring. Should no payment plan be set up, and or a balance remains then by signing this agreement you understand The Psychology Lab will proceed to place your account in collections after 60 days.

Should you and The Psychology Lab agree to a payment plan, you are required to adhere to this payment plan as discussed and set forth. Should you default your agreed upon payment plan then The Psychology Lab reserves the right to charge the balance in full.

It is the patient's responsibility to understand what their co-pays and or deductibles are within their insurance/network. It is also the patient's responsibility to pay for these co-pay/deductibles/balance upon completion of each and every service. Payment is due at time services are rendered and or EOB identifies what patient's responsibility is. In the event that a refund is due and/or requested, the administrative office will make a determination of validation of the refund within ten (10) days and will

refund any monies due within thirty (30) days. Refunds will be paid directly to the individual or entity that paid the original fee.

By signing this agreement, I, the patient, authorize, or release any medical, or other information to process an insurance claim. I understand that The Psychology Lab DBA for The Love Lab PLLC will diligently get accurate information and process this information for billing purposes. I will not hold The Psychology Lab responsible for nonpayment should this happen.

Discontinuation of Services

Therapy is meant to be intentional in nature and temporary in order to meet your identified goals. Upon meeting goals, at the recommendation of therapist, and/or as decided by you, your services may be discontinued. It is most beneficial to discuss and plan for discontinuing services, including scheduling a closure session. If discontinuation is initiated by your therapist, they will discuss and plan accordingly with you. If you have decided to discontinue services, we ask that you discuss your plans to do so with your therapist in order to provide and receive feedback as well as any additional resources or referrals. Once a patient has been formally discontinued or discharged, communication between therapist and patient must also come to a close. This helps maintain a clear boundary that therapeutic services are no longer being provided. If at any point you'd like to resume services, you're welcome to contact our front desk at 602.753.8835 to begin the reopening process. This boundary is not a reflection of a lack of care or concern for your wellbeing, it simply ensures clarity, protects the therapeutic relationship, and upholds ethical practice.

We reserve the right to terminate treatment under certain conditions which compromise our ability to provide effective services, the client's ability to benefit from services, or when it is legally and/or ethically appropriate to do so. Such circumstances include, but are not limited to:

- Three missed appointments or late-cancellations within a six-month period
- Non-adherence to the treatment plan
- Non-compliance with practice policies & procedures
- Refusal to accept recommendations for a higher level of or supplemental care
- Behaviors that are disrespectful, devaluing, threatening, or otherwise inappropriate toward the provider, staff, other clients, or any persons present in the building
- Misrepresentation or omission of pertinent clinical information
- Non-payment of fees
- No contact within an appropriate period of time [generally 30 days].

The Psychology Lab is committed to providing you the best care while you are in service with us. Our goal is to work with you to meet your needs, as identified through assessment and treatment planning. We hope to work with you in a way that allows for successful closure of services. However, if you have not attended appointments regularly and we cannot get in touch with you, we may end your services before all of your goals are met. Before this happens, you will receive attempts at phone contact and a letter in the mail giving you the opportunity to re-engage in services, or outreach through your patient portal.

Reengaging in Services: You are always welcome to engage in services with us! If you are closed from services because you were successful in your treatment or if you were closed before you have

completed treatment in full, you can contact us again at any time to re-open your services with us, so we can continue to work toward meeting your needs.

I have reviewed the information on this document, had the opportunity to ask questions, and have received answers to my satisfaction.

BY SIGNING BELOW I/We AGREE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT AND CONSENT FOR SERVICES.

PATIENT ORIENTATION

- The behavioral health program has been explained to me.
- I have received a tour of the clinic, and I know the emergency exits and evacuation plan.
- I know where information postings are kept and can view them at any time.
- Postings include information regarding my rights, how to file a grievance, fee and refund information, where inspection reports are located, expectations, and other information as needed.
- I participated in an assessment to determine my needs.
- I participated in my treatment planning process and I understand my goals.
- I have received a welcome packet, which includes the following documents, which have been explained to me, and I understand them:
 - A. A copy of my Rights (and Rights of a Person with a Serious Mental Illness, if applicable) **Patient Name:**
 - B. A Notice of Privacy Practices
 - C. A list of important addresses and phone numbers
 - D. A copy of the clinic's Expectations
 - E. A copy of the following Policies & Procedures: • Grievance • Health Care Directives • Fee & Refund
- I was given the option to file health care directives.
- I understand that I can receive a copy of my signed consents and agreements electronically. I may also ask for a hard copy at any time.

* By signing below, I consent to receive psychological assessment, evaluation, and any treatment provided by The Psychology Lab. I understand that various therapeutic approaches, including but not limited to individual therapy, group therapy, etc, may be utilized based on the clinical team's professional judgment. I acknowledge that I have been informed of the potential risks, benefits, and limitations of the treatments provided, and I have had the opportunity to ask questions. I understand that my participation is voluntary, and I have the right to withdraw my consent at any time without affecting my future care or services. By signing this, you also agree that you have read each section of this informed consent, and understand all of its contents. As the patient, you understand and agree if you fail to cancel your appointment no less than 24 hours/or no show to your scheduled appointment you will be charged a fee of a minimum 50\$ UP TO the insurance allowable amount. If you are self-pay you understand you will be charged at minimum 50\$ UP TO the full session amount.
