



INFORMED CONSENT FOR BEHAVIORAL HEALTH SERVICES

I hereby understand that I am eligible to receive a range of services through Boundless. The type and extent of services that I will receive will be determined following an initial assessment and through discussion with me. The goal of the assessment process is to determine the best course of treatment. I understand that treatment is a collaborative effort, with goals and objectives that are agreed upon by me and my provider.

Behavioral health treatment services available may include mental health assessment, therapy, assessment and diagnosis, psychiatry services, case management, and partial hospitalization. I understand that services are provided based on medical necessity and I agree to participate in and receive the services. I understand that there are risks associated with treatment including: uncomfortable thoughts or feelings while working towards change; difficulty working through traumatic memories; or possible unwanted side effects of medications. I understand the benefits associated with treatment include: identifying patterns, problems, triggers, coping skills, symptoms and personal strengths; making progress, reaching goals, and decreasing symptoms; improving overall quality of life.

Limits to Confidentiality: I understand that all information shared with the clinical staff at Boundless is confidential and that information will not be released without my consent. In most circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in specific circumstances. I further understand that there are specific and limited exceptions to this confidentiality in which Boundless staff are legally and ethically bound to report this information, which include but are not limited to the following:

- When there is a risk of imminent danger to self or another person.
- When there is suspicion that a client is being abused or neglected, is at risk for such abuse or neglect, or when abuse or neglect is reported to the staff.
- When a valid court order is issued for medical records.
- When informed of a felony crime that has been committed and not previously disclosed.

Supervision of Treatment: I understand that services may be provided by a range of behavioral health professionals, including some in training. Professionals-in-training are supervised by licensed staff. Some staff may be working under supervision of a licensed professional to perform the duties and functions of behavioral health services. The supervisor is legally responsible for helping assure that I receive effective and ethical quality care. I may ask to meet with my treatment provider's supervisor at any time.

Insurance/Fees: I authorize Boundless to bill my insurance and release pertinent information to my insurance carrier. I understand that I am responsible to pay all co-pays, deductibles, and any fees unpaid by insurance for any reason. I understand I am responsible for understanding my benefit plan and informing Boundless of any changes in my insurance coverage. I understand that payment of all fees is due at the time of service.

I understand and consent to participate in the assessment and treatment at Boundless. I consent to the release of information for therapeutic, billing, supervision, and other purposes in connection with my treatment between and among Boundless clinicians, staff, and service contracts who perform work on behalf of Boundless. I have read and understand the above, and I have had opportunity to ask questions about them. I understand that I may stop treatment at any time.

Print Consumer Name

Date of Birth

Consumer Signature

Date

Parent/Guardian Signature (if applicable)

Date