Treatment Agreement

Client Rights and Responsibilities:

☐ I affirm that I have been offered a copy of the Behavioral Health Services (BHSI) Client Rights and Responsibilities document and am aware that I may request a copy at any time, or view or download it on the BHSI website at www.bhsiclinics.com.

Notice of Privacy Practices:

☐ I affirm that I have been offered a copy of BHSI's Notice of Privacy Practices, and am aware that I may request a copy at any time, or view or download it on the BHSI website at www.bhsiclinics.com

Treatment Authorization:

☐ I request BHSI to plan and provide treatment to me (or my minor child) with my participation. I understand that I may withdraw this consent and terminate treatment at any time, for any reason.

☐ I understand that the treatment relationship is considered terminated if I have not been seen at BHSI for more than one year.

☐ I agree to have BHSI call, text, or email me to confirm appointments and/or to address billing issues.

☐ I permit BHSI to leave a phone message about my appointment.

Payment Responsibility:

☐ I have read, completed, and signed the Insurance Payment Order form authorizing BHSI to process my claims and receive payment from my third party payor.

☐ I agree to pay all co-payments or co-insurance required by my health plan.

☐ If the services I receive from BHSI are not covered by a third party payor, subject to the provisions of my third party payor contract, if any, I agree to pay for these services myself. I understand that an 8% finance charge will be applied to balances over 120 days old, and that BHSI utilizes a collections agency to collect delinquent balances.

☐ I agree to give BHSI 24-hour prior notice of any appointment cancellation. I understand that if I do not give this notice, I may be charged a fee. I am aware that insurance companies will not cover this cost.

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Client's Signature (or parent/legal guardian if client is under 18 years old) Date