

Client Name: _____

DOB: _____

Please Initial All Policies

Scope of Services:

SWFGC has offices in 5 cities in New Mexico, including: Albuquerque, Corrales, Los Lunas, Santa Fe, and Las Cruces.

Services (vary by location): Office based Individual and Family Therapy for children and adults; School based Individual Therapy (approved schools ONLY); Community Based Multi Systemic Therapy (MST); Community Based Multi Systemic Therapy Problem Sexual Behavior (MSTPSB); Intensive Outpatient for Adolescent Substance Abuse (IOP); Community Based Limited Case Management; Office Based Same Day Suicide Assessments for Albuquerque Public School students; Office Based Crisis Assessments for Albuquerque Public School students; Various levels of Substance Abuse and Dual Diagnosis treatment including groups

Time Tables:

- From time of referral, SWFGC will contact client within 48 hours to schedule an intake
- SWFGC will schedule an intake appointment within 5 business days
- Post intake, the assigned therapist will contact family with 48 hours to schedule 1st session
- SWFGC has an on call therapist available 24/7 for non-life threatening, mental health emergencies
- APS Suicide Assessments are scheduled the same day of referral
- APS Crises Assessments are scheduled within 48 hours of time of referrals
- Sessions usually last 45 minutes. Longer sessions if need can be arranged in advance.

_____ **Legal Rights:** All clients have the legal right to:

- Refuse services.
- Seek alternative mental health services elsewhere.
- Address needs/complaints via appropriate channels listed in the Complaints/Grievances section of this document.
- Ask your therapist about their training and their therapeutic approach.
- All Consumers have the right to choose an authorized representative to assist in their treatment decisions

_____ **Parental Involvement:** Parent involvement is critical to therapeutic success. If parental rights have been severed, proof of custody is required. Otherwise, your therapist will engage with both parents in the therapeutic process.

_____ **Confidentiality:** Discussions between client and professionals at Southwest Family Guidance Center are confidential. No client information will be released unless the client or guardian provides written consent. Possible exceptions to releasing confidential information include but are not limited to the following situations:

- Imminent danger or threat to yourself or others.
- Abuse or neglect of a child or vulnerable adult.
- Legal matters in which information is subpoenaed by a court of law.
- Information requested by an insurance carrier responsible for providing mental health coverage and payment for those services.

_____ **Treatment of Minors:** SWFGC will not treat a minor (14 years of age and under) without legal guardian's consent.

_____ **Emergency Medical Care:** In the event of an emergency I give SWFGC consent to seek emergency medical care on my behalf including, but not limited to: administering first aid, CPR, medication and contacting/informing emergency personal including 911 operators, ambulance, physician and/or law enforcement.

_____ **Emergencies:** In the event of an emergency where there is imminent risk of danger, please call 911 immediately. Once Emergency services have been contacted and the situation has been defused, please contact your assigned therapist to inform them about the situation. If you are having a critical, clinical emergency and your assigned therapist is not available, please contact the NM State Crisis Line 1-855-662-7474 and/or SWFGC main office number (505) 830-1871 where the on-call therapist will immediately assist you.

_____ **Telephone contacts:** Therapists encourage communication from clients or guardians, but do be advised that if a phone call is longer than 5 minutes, the therapist may ask that you make a face-to-face appointment. It is SWFGC's policy to not send and receive texts unless it is related to appointment scheduling. **DO NOT** text your therapist for issues other than scheduling related issues.

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_____ **Waiting Room Etiquette:** Due to therapy sessions taking place in and around our building, we ask that our waiting room and building remain respectfully quiet.

- We encourage our clients to bring quiet entertainment while occupying the waiting room.
- We ask that there be no food or drink in our waiting room.
- Please check in with the office staff when you arrive for your session.
- If your child is under 14 years of age and receiving services, SWFGC requires that you remain in the waiting room the entire length of your child's session. Guardians/Parents are not allowed to drop off a child or leave at any time during a child's session if the child is under age 14. If the child is over age 14, you may leave the premises during the session time.

_____ **Payment Policy:**

- Payment for services must be arranged prior to the start of services.
- If you are without insurance, private pay rates vary and are available. This will also include individuals who are no longer eligible for Medicaid or those with Native Americans benefits.
- Payments and co-payments are due at the time of service. When paying cash, please be prepared to pay the exact amount, as SWFGC does not keep cash on the premises. Credit cards are accepted at the Albuquerque location only (VISA, MasterCard & Discover),

_____ **Insurance:** When services are paid for by an insurance company, it is the client's responsibility to provide current policy information in order for SWFGC to directly bill the insurance carrier. Failure to provide current policy information, communicate policy changes or recertify with insurance companies, may result in out of pocket expenses.

- By initialing the Clinical Policies, SWFGC is authorized to process a claim and receive payment of mental health benefits for services provided.

_____ **Cancellation Policy:** SWFGC requires 24 hours notice if canceling or rescheduling an appointment. If an emergency arises and a client is unable to attend assigned appointment, please contact your therapist as soon as possible.

_____ **Grievances/Complaints:** You have the right to be treated ethically, professionally and with respect by all SWFGC staff members. If you have any questions or concerns, please call Dr. Craig Pierce, Chief Clinical Officer, at (505) 830-1871. If you feel that SWFGC has not addressed the situation to your satisfaction, you may contact CYFD's Behavioral Health Division at 1-505-827-4538 or the Fair Hearings Bureau at 1-800-432-6217 (opt 6). If you are a Molina consumer (1-800-723-7762), United Health Care consumer (1-877-236-0826), Presbyterian consumer (1-888-872-7568) or Blue Cross Blue Shield consumer (1-866-689-1523), or Optum consumer, (866-660-7182) you can contact them directly at their respective phone numbers.

_____ **Ending Therapy:** SWFGC believes that ending treatment is an important aspect of therapy. If a client decides to end services prior to meeting treatment goals, it is asked that at the beginning of the final session that the therapist be informed in order to ensure closure between therapist and client.

_____ **Discontinuation of Services:** The following circumstances, including noncompliance with SWFGC Policies, may result in the discontinuation of services:

- **Late cancellations:** If there are more than 3 missed appointments or 3 late cancellations with less than 24 hours notice, your therapist has the right to assess the situation and discontinue services as well as to refuse future services.
- **Inappropriate Behaviors:** These include but are not limited to: harming or threatening a staff member or fellow client; harassment, or breaching office security such as: breaking and entering or seeking confidential information.

_____ **Consent for Treatment:** I voluntarily agree to receive Mental Health/Support Services and authorize SWFGC and its associated staff to collaborate internally and to provide services that are considered necessary and advisable. I understand and agree that I will participate in the planning and treatment of these services and that I may stop such services at any time. By signing these Clinical Policies, I acknowledge that I have both read and understood all the terms and information contained in this document including The Consumer Rights and Responsibilities and have been allowed ample opportunity to ask questions.

Print Name

Signature

Relation to Client

Date

Print SWFGC Therapist Name w/Credentials

SWFGC Therapist Signature

Date

Please see reverse side