

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
- 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, except as otherwise provided by law.

CONFIDENTIALITY: Discussions between clients/their families and SWFGC professionals are kept strictly 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 for purposes of payment for those services, oversight, or quality assurance
- Disclosures required by law

TREATMENT OF MINORS: SWFGC will not treat a minor (under 14 years of age) without a legal guardian's consent. Treatment of minors 14 years of age and over is reviewed on a case-by-case basis and in compliance with applicable law.

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 personnel, 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, please contact your assigned therapist to inform them about the situation. If you are having a critical, clinical need and your assigned therapist and/or their supervisor is not available, please contact the NM State Crisis Line 1-855-662-7474 and/or 988 for all Mental Health emergencies.

TELEPHONE CONTACTS: Therapists encourage communication from clients or guardians, but if a phone call is longer than 5 minutes, the therapist may ask that you make a face-to-face or telehealth appointment.

INITIAL _____

TEXT MESSAGING CONTACTS: SWFGC does not permit text messaging communication with your therapist except for purposes of appointment scheduling. DO NOT text message your therapist about clinical issues.

CONSENT TO TEXT MESSAGE COMMUNICATION ABOUT SCHEDULING: By signing below, you consent to receiving text message communications from SWFGC regarding appointment scheduling and reminders.

EMAIL: SWFGC does not permit email communication between you and your therapist for any reason.

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 during the entirety 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 the age of 14. If the child is over the age of 14, you may leave the premises during the session time.

PAYMENT POLICY:

- Payment for services must be arranged prior to the start of service by the intake therapist, or at the initial session with your assigned therapist
- If you do not have insurance, private pay rates are available. This will also include individuals who are no longer eligible for Medicaid or those with Native American 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. SWFGC accepts credit card payments (Visa, MasterCard, and Discover only)

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

For clients who choose to use insurance to pay for services, by signing below, you authorize SWFGC to process a claim with your insurance company and receive payment for services provided. You also authorize SWFGC to disclose information required by your insurance company for payment of claims, oversight, or quality assurance.

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

INITIAL _____

CLIENT ID: _____

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 (505) 830-1871 and ask to speak with the Clinical Director. If you feel that SWFGC has not addressed the situation to your satisfaction, you may contact your insurance carrier directly at the number listed on your insurance card.

CONFIRMATION: By signing below, I confirm that I have read, understood, and will comply with the clinical policies defined in this document.

PRINT NAME: _____

SIGNATURE: _____

RELATION TO CLIENT: _____

DATE: _____