Telephone: (785)532-6544 Fax: (855)618-0188 Telephone: (785)532-6927

Fax: (866)793-8010

TREATMENT AGREEMENT

Welcome to Lafene Health Center (LHC). This document contains important information about our services and business policies. Please read it carefully and note any questions you might have to discuss with your therapist/provider. When you sign this document, it will become an agreement between you, LHC and CAPS.

ELIGIBILITY

All services are available for currently enrolled K-State students who have paid the student services fee. Students eligible for summer services include students who are currently enrolled for summer and have paid the student services fee. Based upon your needs, the therapist/provider may help identify alternative resources on campus or in the community. If you are in crisis, Lafene Counseling and Psychological Services (CAPS) will see you, regardless of your eligibility for services, and will work with you to find an appropriate provider or referral.

CAPS - CONFIDENTIALITY

In therapy, you have the right to confidentiality except in certain instances that are described below. Confidentiality means what you tell your therapist and the fact that you come here for therapy may only be known to those who work at CAPS or who are mental health professionals who have a contract with CAPS. You may sign a form to give us permission to release information to others. If you change your mind, this permission can be revoked by talking directly with one of our therapists so we may update your file.

Exceptions to confidentiality:

- 1. If there is reason to believe that you will harm another person, we must take action. This may include notifying the person who is protentially in danger, notifying the police, and/or seeking hospitalization for you.
- 2. If a therapist determines that you are in imminent danger of harming yourself, therapists must take action. Our therapists will work with you to explore options, which can include creating a safety plan, contacting a family member(s), seeking hospitalization, or contacting the police if you are unwilling to take steps to keep yourself safe.
- 3. If there is concern about potentially abusive or neglectful behavior towards a child or a vulnerable adult by you or someone else, our therapists are mandated to report this to the appropriate state agency. If you report to a therapist that there is sexual activity with someone who is younger than the age of consent (this depends in which state the activity occurred and is 16 years old in Kansas), this also needs to be reported to the appropriate state agency.
- 4. If a court orders CAPS to release your records, we will attempt to contact you to let you know, but we will have to comply with the order.

SESSION LIMITS

Eligible students have a limited number of 8 individual sessions per semester (the entire summer counts as a semester). There is no limit to the number of group therapy sessions a student may attend. If you have questions, please check with the front desk staff or your therapist.

RECORDING SESSIONS

Our staff represent a variety of professionals and professionals-in-training. CAPS staff may video/audio-record their sessions for the purposes of clinical consultation, supervision, and training. Trainees are required to video/audio-record each session. Occasionally, staff may request to observe or sit-in on a session for similar reasons as those listed above. Your therapist will discuss any recording and/or observation of sessions with you. Video/audio-recordings are treated as confidential material and will be deleted after supervision is completed. It is important to know that therapists consult with other therapists about their clinical work. When doing so, they make every effort to avoid revealing identifying information. The consultant is also legally bound to keep the information that is shared confidential. The purpose of consultation is to ensure you receive high quality treatment. Please click the appropriate button below concerning permission for video/audio-recording of your sessions. You are not required to agree, though you may have to change therapist if your initial therapist is required to record sessions.

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POTENTIAL BENEFITS AND RISKS

Therapy can have benefits and risks. It can bring up uncomfortable thoughts and feelings, because it often involves discussing unpleasant aspects of your life. However, therapy can result in better relationships, improved academic performance, developing solutions to specific problems, and overall improved well-being and functioning. Though therapy has been shown to be effective, these benefits are not guaranteed.

CONCERNS

If you have any concerns with what is happening in therapy, please consider discussing this with your therapist. You may also schedule an appointment with our Lead Clinician to discuss your concerns or to request to change therapists. If you believe your therapist has behaved unethically (for example, engaging in social/sexual relationships with clients), you may contact our Director or the Kansas Behavioral Sciences Regulatory Board.

LHC - CONFIDENTIALITY

LHC may use or disclose your protected health information for the purpose of diagnosis or treatment, obtaining payment for healthcare services rendered, or in order to conduct healthcare operations including filing insurance claims. LHC may use obtained electronic images or my conditions, or symptoms thereof, for the purpose of diagnosis or treatment, tracking my progress, or for internal quality assurance purposes. You have the right to request a restriction or limitation on how and to whom your protected health information is used or disclosed for the above purposes. LHC is not required to agree to such a request, but if agreed upon, the Center will comply unless the information is needed to provide emergency treatment. You further authorize LHC to file any mandatory reporting to the State as required by State Law. Your immunization information may be released to the Kansas Immunization Program for the purpose of assessment and reporting.

LHC & CAPS - REFERRAL DISCLOSURE

I also understand that I am being referred to a provider outside of Lafene Health Center. With that, I may encounter a different approach compared to what I am familiar with at Lafene Health Center (i.e. faith-based practice). It is always our intent for you to experience high quality, competent care wherever we send you. Unfortunately, we cannot account for everything that happens beyond our clinic. We appreciate feedback concerning your experience, and we always strive for continual improvement, so please do not hesitate to reach out if we can help in anyway.

INSURANCE

LHC & CAPS have different rules for filing insurance. CAPS – The only charges you may accrue would be for missing an appointment, cancelling an appointment less than 24 hours in advance, or charges for assessments. CAPS is not contracted with any health insurance companies and will not process or submit billing to insurance companies. LHC – Student services fee paying students' consultations with the provider are at no charge but charges for other ancillary service may apply. All others considered current non-students, are charged a fee for consultations and ancillary services. All insurances with a United States address are accepted. LHC does not contract with all insurance companies and it is your responsibility to know if your insurance plan provides coverage for these services or requires a referral or pre-approval for such services. Present your insurance card and information on or before the dates of services or LHC may not submit your charges to insurance for your medical services. You must present your prescription insurance directly to the Pharmacy on the date of service in order for the pharmacy to file your prescription claim. If you do not want your insurance billed for specific services, you must notify the Health Center front desk staff the same day of service. You are financially responsible to LHC for any charges, copays, and deductibles not covered by your insurance/health plan.

LHC is not a contracting provider for and cannot bill KanCare, Medicare, Medicaid, or Healthwave.

LAFENE HEALTH CENTER LAFENE COUNSELING AND PSYCHOLOGICAL SERVICES Kansas State University, 1105 Sunset Ave, Manhattan KS 66502 Telephone: (785)532-6544 Fax: (855)618-0188 Telephone: (785)532-6927

Fax: (866)793-8010

BILLING

You are responsible for your bill. Your account balance is available online by logging into your myLAFENE+ Patient Portal (the link is on our webpage). We currently accept cash, checks, credit cards (Visa, MasterCard, American Express, Discover), debit cards and money orders as forms of payment. If you use a credit or debit card to pay your bill, CAPS or Lafene Health Center may appear on your statement. There is a \$35 charge for returned checks. Please contact the front desk to discuss payment. If your bill is paid by a third party (such as a parent, partner, insurance company, etc.), you are repsonsible for providing your bill to the third party. If there are questions or disputes about the billing and/or payments and you would like us to address these questions with a third party, you will need to give us written permission to do so. For overdue bills, we may utilize both the local address and/or the last permanent address you provided to the University to contact you. If you are no longer a student and your account reaches 120 days past due, this information may be sent to a collection agency if you have not contacted us. Please inform the front desk of any change in your address.

APPOINTMENTS AND FEES

Student services fee paying students' appointment consultations with the provider are at no charge but charges for other ancillary services may apply. All others considered current non-students, are charged a fee for appointment consultations and ancillary services. Failure to keep an appointment or to give a 24-hour notice for a cancellation will result in a charge being applied. For CAPS, if you do not attend an appointment and do not contact us or respond if we attempt to contact you, we will assume that you have dropped out of therapy, and you will no longer be considered a CAPS client. You are welcome to contact us in the future to reinitiate services. Some psychological assessments and other ancillary services have fees associated with them. Your therapist/provider will discuss this with you if they are recommending these services to you.

YOUR INFORMATION

(Applies to LHC services only)

Parent Signature:

All clinical files are maintained for 7 years after the date of your last contact and are then deleted. All medical files are maintained for 10 years after the date of your last visit then are purged. All records are electronic, and they are stored on secure servers. These records include forms you complete for our office and information about any interactions with your therapist/providers (e.g. visits, phone calls, etc.). Any paper files are scanned into the file and shredded.

**Please mark YES if you agree to have your sessions recorded or NO if you do not agree to have your

RECORDING SESSIONS for COUNSELING (CAPS)

sessions recorded. YES NO		
CONTACT INFORMATION If we need to contact you, we will contact you using your K-State email number.	through secure messa	nging or your local phone
Patient/Client Name:	WID or Date of Birth:	
SIGNATURES:		
I hereby grant permission to Lafene Health Center/ Lafene CAPS to carry out no	ecessary treatment of th	e above patient/client.
Patient/Client Signature:		Date:
IF UNDER 16 YEARS OF AGE, SIGNATURE OF PARENT/GUARDIAN	AND CLIENT/PATI	ENT IS REQUIRED.

Date: