



INFORMED CONSENT FOR SERVICES (Non-VOCA Funded)

Please review this agreement carefully, as it sets forth the understanding between you (“Client”) and the Kellin, Foundation regarding the services you have requested and we will provide for you. If you have any questions, concerns or issues about the content of this Agreement please contact us for clarification before signing it.

THIS AGREEMENT made this _____ day of _____ (“Effective Date”) by and between the Agency and

Name of Client and/ or Responsible Person

Street Address City State Zip Code

Home Phone Cell Other

Emergency Care: The Client does_____/does not____give the Agency consent to seek emergency care for them in the event that an injury or accident occurs.

Emergency Contact Name Relationship Phone No.

(“Client”) on the terms and conditions set out below:

1. **Term of Agreement.** The term of this agreement will start on the Effective Date, and will continue on an as-needed basis until the Agreement is terminated by either party, as provided hereunder.
2. **Services Requested.** We will provide services agreed upon as set out in the Treatment Plan, which can include (but not limited to) things such as assessment, treatment, peer support, group therapy, and case management. The preferred day, time and duration of services will be mutually agreed upon by you and/or your representative and the agency.
3. **Termination.** Either “Client” or “Agency” may terminate this agreement at any time upon written notice to the other party. If either party terminates this Agreement, all fees due at time of termination will be due and payable by you immediately. We will immediately refund any prepaid fees.
4. **Governing Law.** The laws of the State of North Carolina shall govern this agreement.
5. **Agency’s Responsibilities.** The Agency responsibilities are outlined on the enclosed “*Rights and Responsibilities*” form
6. **Client’s Responsibilities.** Your responsibilities are outlined on the enclosed “*Rights and Responsibilities*” form. You will be required to sign it.
7. **Severe/Bad Weather.** In severe weather, we may determine it is not safe for our Clinicians to travel and provide services at our office that day and may have to cancel that day’s service. When this occurs we will notify you and reschedule.
8. **Confidentiality.** There are some situations where disclose of information is required without either your consent or Authorization, including a court order, a government agency requesting the information for health oversight activities, if a client files a complaint or lawsuit against us for self-defense, and in some situations, worker’s compensation claims. In addition, mandatory reporting laws require us to disclose information if we have cause to suspect that a child has been abused or neglected, or if we have cause to suspect that a disabled adult has had a physical injury or injuries inflicted upon such disabled adult, other than by accidental means, or has been neglected or exploited. Finally, if we determine that a client presents a serious danger to the client (yourself) or another, we may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client.



9. **Billing and Payments.** You will be expected to pay for each session at the time it is held, unless we agreed otherwise.

10. **General Information.** You will be provided with a list of contact names and numbers in the event you have any questions or concerns or should an emergency arise.

Your signature and /or your representative's signature below indicate that you and/or your representative have read, understand and are in agreement with the terms and conditions of this agreement, including the following:

- You have read this agreement and agree to its terms
- You acknowledge that you have received a copy of the HIPAA Privacy Policy and Clients Rights and Responsibilities documents and have had the opportunity to ask any questions pertain to the contents
- You have reviewed and agree to the Financial Agreement
- You have reviewed the Client Handbook and understand its contents
- You have had the opportunity to ask any questions that you may have related to this agreement

Print Name of Client

Signature of Client

Date

Signature of Parent or Legal Guardian
(if client under 18-years-old)

Date

Witness

Date