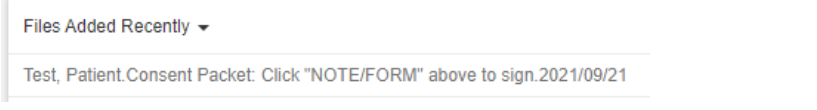
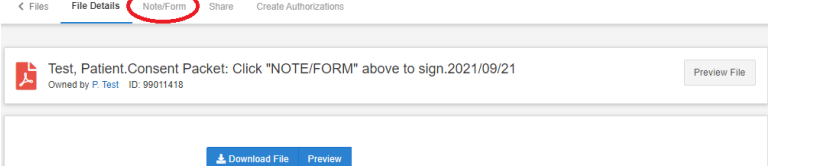

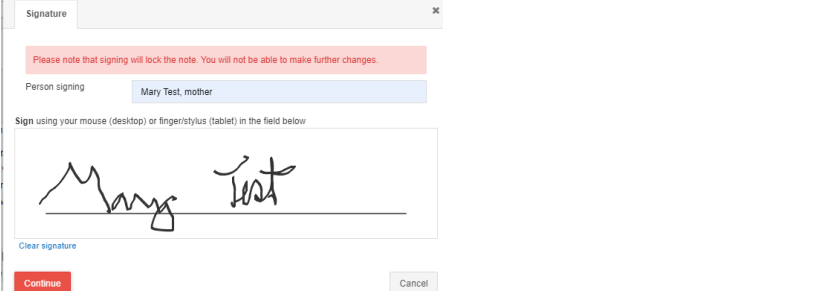
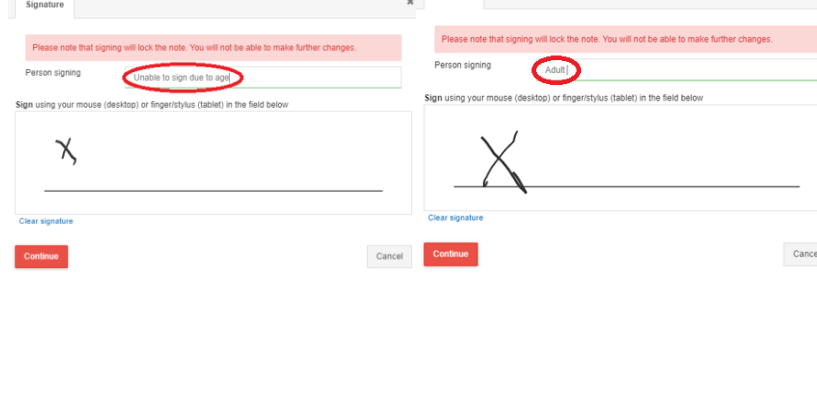


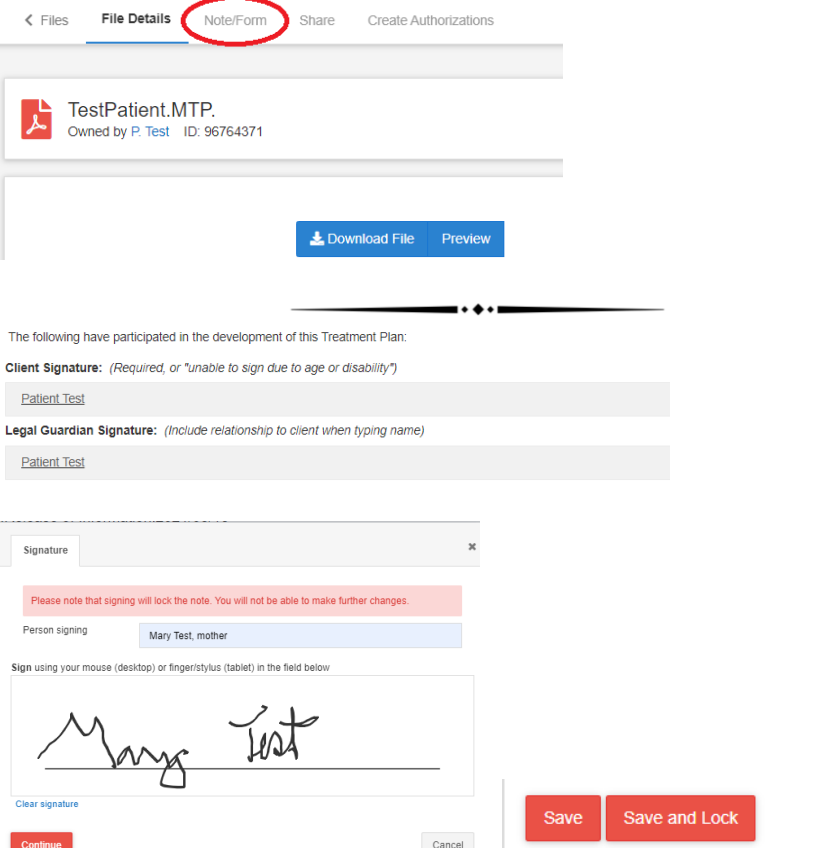


CLIENT: HOW TO SIGN DOCUMENTS IN CENTRAL REACH

<p>1. After logging in, you will see your Central Reach Dashboard. Look for the box labeled “My Files Added Recently”</p>	
<p>2. Click the file called Consent Packet, & a box will pop up. 3. Click “Note/Form” at the top to view the document</p>	
<p>4. Under “Choose a Section,”</p> <ul style="list-style-type: none"> click “Client Rights Orientation” and read the contents, then click Next > Read the “Health & Safety Orientation,” then click Next > 	
<p>5. Treatment Agreement: Read and sign. To sign, click the signature area (client's name), and a signature pop-up box will open.</p> <ul style="list-style-type: none"> Type your first & last name, then your relationship to the client Sign in the signature area Click Continue, then Save 	
<p>9. No-Show Agreement:</p> <ul style="list-style-type: none"> This document requires both the minor client and parent signature. If child is too young or delayed to be able to sign, type “Unable to sign due to age (or disability)” then make an X in the signature area. Adult clients can write “Adult” then draw an X in the “Parent/guardian” signature space. 	
<p>6. Financial Agreement: Read and sign.</p> <ul style="list-style-type: none"> If your insurance does not have a copay/coinsurance, “no cost” should be checked. If your insurance has a deductible, copay, or coinsurance, please fill & sign the credit card area. 	<p><input type="checkbox"/> No cost: I understand that my insurance plan has no deductible, coinsurance, or copayment.</p> <p>I agree to pay for my share of the cost of services in the following manner:</p> <p><input type="checkbox"/> CASH/CHECK/MONEY ORDER: I will give the payment to the clinician at the end of each session (in-person services only)</p> <p><input type="checkbox"/> CREDIT/DEBIT CARD: I authorize Adapt Behavioral Services to pay for my services using the credit or debit card below (Minimum charge: \$5)</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">CREDIT/DEBIT CARD AUTHORIZATION</p> <p>Credit card type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover (we do not accept American Express)</p> <p>Credit card #: <input type="text"/> 16 digits <input type="text"/> Expiration Date: <input type="text"/> MM/YY <input type="text"/> Security Code: <input type="text"/> 3-digit code <input type="text"/> Zip code: <input type="text"/> Text box <input type="text"/></p> <p>Authorizing Signature: <input type="text"/> Another Test</p> </div>

<p>7. PCP Notification: Please fill in your Primary Care Physician (usually listed on your insurance card) info before signing.</p>	<p>This client's Primary Care Physician is as follows: PCP Name: <u>Physician and Agency/Practice</u> PCP Address: <u>PCP Address</u> <u>City</u> <u>PCP City</u> <u>State: Florida</u> <u>Zip Code: PCP Zip</u> PCP Phone: <u>PCP Phone</u> <u>Fax: PCP Fax</u> <u>PCP Email: PCP Email</u></p>
<p>8. Telehealth Consent: Even if you are planning to have in-person services, please sign this form (in case of Covid exposure or infection, you could have telehealth session instead of cancelling)</p>	 <p style="text-align: center;">TELEHEALTH SERVICES CONSENT</p> <p>Client name: <u>Another Test</u> Date of Birth: <u>04/12/2015</u></p> <p><small>Telehealth is the use of secure, real-time, interactive audio-video communication to provide healthcare services at a distance. Although in-person services are preferred, there are circumstances that prevent in-person sessions, and telehealth may be an effective alternative to maintain continuity of treatment.</small></p> <p>Telehealth services may include</p> <ul style="list-style-type: none"> • Brief assessment (30 minutes) with our Licensed Evaluator (Medical requirement) • Individual therapy (up to 1 hour) • Family therapy, which may involve having family members or other significant people participate in sessions with the client or by themselves for the benefit of the client • ABA services (Caregiver training with client present only) <p><small>The laws that protect the confidentiality of your personal healthcare information also apply to telehealth. Any images or video from telehealth sessions will not be saved, stored, or shared without your written consent.</small></p> <p><small>There may be drawbacks associated with participating in services through telehealth including, but not limited to, the following:</small></p> <ul style="list-style-type: none"> • Telehealth sessions could be disrupted or distorted by technical failures • Telehealth services may not be as comfortable or effective as in-person services
<p>9. In-Person Services Consent: Only sign this form if you are scheduled for in-person services (in-home, in-school, in-office)</p>	 <p style="text-align: center;">IN-PERSON SERVICES CONSENT</p> <p>Client name: <u>Patient Test</u> Date of Birth: <u>05/01/2019</u></p> <p><small>Adapt Behavioral Services is committed to the wellbeing of our clients, staff, and community. Due to the scientific evidence that all known Covid-19 variants are highly transmissible through the air in close face-to-face services. Below you will find a list of procedures expected of your clinician, and a list of safety precautions expected of you and your household members when receiving home-based, face-to-clinician, yourself or your household members, unless notified of policy changes by your clinician.</small></p>
<p>10. Release of Information: If you have a case manager, or the school made the request for services, please fill & sign</p>	<p>Agency Name: <u>Agency to release information to</u> <u>Agency Contact Person: Agency Contact Person</u> Agency Address: <u>Agency/Contact Address</u> <u>City: Agency/Contact City</u> <u>State: Florida</u> <u>Zip Code: Agency/Contact Z</u> Agency Phone: <u>Contact Phone</u> <u>Fax: Contact Fax</u> <u>Contact Email: Contact Email</u></p>
<p>11. Text or email your clinician to notify that the consent forms are done.</p>	
<p>12. Master Treatment Plan: About a month after your intake session, your clinician will prepare this document for your signature.</p> <p>13. Treatment Plan Review: About 3 months after your intake session, your clinician will prepare this document for your signature.</p> <ul style="list-style-type: none"> • Click the document that you need to sign, then click "Note/Form" and scroll to the bottom of the page to sign. • Click Save (not Save & Lock) <p>NOTES:</p> <ul style="list-style-type: none"> • These documents require both the minor client and parent signature. • If child is too young or delayed to be able to sign, type "Unable to sign due to age (or disability)" then make an X in the signature area. • Adult clients can write "Adult" then draw an X in the "Parent/guardian" signature space. 	 <p>The screenshot shows the TestPatient.MTP interface. At the top, there are tabs for 'Files', 'File Details', 'Note/Form' (circled in red), 'Share', and 'Create Authorizations'. Below the tabs, the document title is 'TestPatient.MTP' with 'Owned by P. Test' and 'ID: 96764371'. There are 'Download File' and 'Preview' buttons. A section titled 'The following have participated in the development of this Treatment Plan:' lists 'Client Signature: (Required, or "unable to sign due to age or disability")' and 'Legal Guardian Signature: (Include relationship to client when typing name)'. Below this, there are input fields for 'Patient Test' and 'Patient Test'. At the bottom, there is a signature area with a 'Signature' label, a warning message 'Please note that signing will lock the note. You will not be able to make further changes.', a 'Person signing' dropdown set to 'Mary Test, mother', and a large signature field with a handwritten signature 'Mary Test'. There are 'Clear signature', 'Continue', 'Cancel', 'Save', and 'Save and Lock' buttons.</p>
<p>14. Text or email your clinician to notify that the MTP or TPR is done</p>	