

Informed consent for treatment

I, _____, voluntarily give my permission and give my permission and consent for the program's participation and treatment with Life's Energy Wellness Center Inc. (LEWC Inc.) to provide behavioral health services, including evaluation, treatment, or services of the Life's Energy Wellness Center Inc. (LEWC Inc.). I have been informed and understand that the services provided by Life's Energy Wellness Center Inc. (LEWC Inc.) may include intake, program orientation, diagnostic process, evaluation of treatment and/or rehabilitation needs and any additional evaluations, therapies or medicines. This may be recommended or provided by Life's Energy Wellness Center Inc. (LEWC Inc.) and its programs. I understand and acknowledge that the results of the evaluations will be made available to me as appropriate in accordance with the law. I understand that all evaluations, treatments, and services are voluntary and I can request, reject and/or terminate any of them at any time I request Life's Energy Wellness Center Inc. (LEWC Inc.). I understand that the consequences, if any, will be explained to me if I refuse or end the evaluation, treatment or services. I understand that the information gathered through the above interventions will be used to help me develop a safety plan or treatment plan. These services have been explained to me and I have had the opportunity to ask questions. Any questions I asked were fully answered to my satisfaction. I hereby assign that my insurance benefits be paid directly to the service provider and / or agency Life's Energy Wellness Center Inc. I understand that I am financially responsible for all non-covered services, copays, deductibles and / or coinsurance. I authorize and consent to Life's Energy Wellness Center Inc., its affiliates for laboratory services and providers billing me directly for recommended services provided that are not covered by the terms of my insurance plan (s) doctor. I authorize Life's Energy Wellness Center Inc., the provider, the designated representative (s), or automated robot to contact me by email, text message, and / or phone about appointments, billing, and healthcare. I authorize Life's Energy Wellness Center Inc. to its affiliates to give permission to disclose any medical information required to process insurance claims. I acknowledge that I have been offered and viewed a copy of the "Notice of Privacy Practices" and the "Consumer Handbook". I understand that a missed appointment fee may apply (see the Consumer Handbook).

Telehealth Consent A Telehealth service means that my visit with a practitioner at the distant site will happen by using special audiovisual equipment. This consent is valid for 1 year for follow-up Telehealth services with the health care provider. I also understand that:

- I can decline the Telehealth service at any time without affecting my right to future care or treatment, and any program benefits to which I would otherwise be entitled cannot be taken away.
- I may have to travel to see a health care practitioner in-person if I decline the Telehealth service.
- If I decline the Telehealth services, the other options/alternatives available for me, including in-person services, are as follows: seek alternative providers in your community.
- The same confidentiality protections that apply to my other medical care also apply to the Telehealth service.
- I will have access to all medical information resulting from the Telehealth service as provided by law.
- The information from the Telehealth service (images that can be identified as mine or other medical information from the Telehealth service) cannot be released to researchers or anyone else without my additional written consent.
- I will be informed of all people who will be present at all sites during my Telehealth service.
- I may exclude anyone from any site during my Telehealth service.
- I may see an appropriately trained staff person or employee in-person immediately after the Telehealth service if an urgent need arises OR I will be told ahead of time that this is not available.

Confidentiality I understand and acknowledge that Life's Energy Wellness Center Inc. (LEWC Inc.) practices and ensures strict confidentiality of my information with the following exceptions: If I have signed a consent form to release designated information to named parties. A court order signed by a judge directing the release of designated information to named parties. If Life's Energy Wellness Center Inc. (LEWC Inc.) discovers that there is a threat of harm to myself or others, Life's Energy Wellness Center Inc. (LEWC Inc.) is legally obligated to disclose certain information to designated parties. If Life's Energy Wellness Center Inc. (LEWC Inc.) believes there is a suspicion of abuse involving children or other vulnerable people (for example, the intellectually disabled or the elderly) Life's Energy Wellness Center Inc. (LEWC Inc.) is legally bound to disclose certain information to designated parties. If Life's Energy Wellness Center Inc. (LEWC Inc.) is required to defend against a claim or investigation, you may use certain designated information in your defense. If Life's Energy Wellness Center Inc. (LEWC Inc.) is part of a legitimate audit , certain information may be disclosed. If Life's Energy Wellness Center Inc. (LEWC Inc.) is required to disclose certain information to obtain payment from a third-party payer, I understand and acknowledge that the demographic and utilization information regarding my treatment and / or services may be statistically reported to the State of Maryland or the contracted managed care organization. This information will be kept confidential and may not be disclosed to any other agency or person without my consent, except as identified above. I understand that information obtained by the police while participating in Life's Energy Wellness Center Inc. (LEWC Inc.) may not be covered by the Life's Energy Wellness Center Inc. (LEWC Inc.) confidentiality policy. All information on substance use disorder will be confidential in accordance with 42 CFR Part 2. I authorize Life's Energy Wellness Center Inc. (LEWC Inc.) to the provider, designated representative (s) or automated robot to contact me by mail email, text, or phone about appointments, billing, and healthcare. I understand that although email and text messaging may not be considered a preferred method or form of communication between consumer and staff, there may be times when these forms of communication may be useful and necessary. I understand that any information transmitted by email or text message will be limited and will not be used to provide any type of treatment. I have been informed that Life's Energy Wellness Center Inc. (LEWC Inc.) cannot guarantee complete privacy with respect to the text messages and emails I send. I also understand that Life's Energy Wellness Center Inc. (LEWC Inc.) will apply reasonable safeguards to protect confidentiality regarding these forms of communication.

Notifications acknowledge that I have been provided with a copy of the Life's Energy Wellness Center Inc. (LEWC Inc.) Human Rights Notice, HIPAA Privacy Practices, Complaint Procedures, and General Guidance Information. I acknowledge that this information was satisfactorily explained to me, and I had the opportunity to ask questions and I am satisfied with the answers they gave me. **Statement of Understanding** By signing, I indicate that I have reviewed and understand the above information, I acknowledge that my rights as a consumer have been satisfactorily explained to me, and I have had the opportunity to ask questions and am satisfied with the response given to me. By virtue of this, I can withdraw this consent at any time. I voluntarily give my informed consent for evaluation, treatment or services.

Signature of Consumer Date

Signature of Parent or Legal Representative Date

(If other than Consumer, Relationship to patient Reason (minor, incompetent, etc.)

Witness Date

LEWC Inc Staff Witness

- Copy given to patient
- Refused