



## **Treatment Agreement**

### **Client Rights and Responsibilities**

- ◆ I affirm that I have been offered a copy of the Behavioral Health Services (BHSI) Client Rights and Responsibilities document and am aware that I may request a copy at any time, or view or download it on the BHSI website at [www.bhsimn.com](http://www.bhsimn.com).

### **Notice of Privacy Practices**

- ◆ I affirm that I have been offered a copy of BHSI's Notice of Privacy Practices and am aware that I may request a copy at any time, or view or download it on the BHSI website at [www.bhsimn.com](http://www.bhsimn.com).

### **Treatment Authorization**

- ◆ I request BHSI to plan and provide treatment to me (or my minor child) with my participation. I understand that I may withdraw this consent and terminate treatment at any time, for any reason.
- ◆ I agree to have BHSI call me to confirm appointments.
- ◆ I permit BHSI to leave a phone message about my appointment.

### **Payment Responsibility**

- ◆ I have read, completed, and signed the Insurance Payment Order form authorizing BHSI to process my claims and receive payment from my third party payor.
- ◆ I agree to pay all co-payments or co-insurance required by my health plan.
- ◆ If services I receive from BHSI are not covered by a third party payor, subject to the provisions of my third party payor contract, if any, I agree to pay for these services myself. I understand that an 8% finance charge will be applied to all balances over 120 days old.
- ◆ I agree to give BHSI 24-hour prior notice of any appointment cancellation. I understand that if I do not give this notice, I may be charged a fee. I am aware that insurance companies will not cover this cost.

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Client's Signature (or parent/legal guardian if client is under 18 years old)

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Date