



Client Name:

Client ID:

COMMITMENT TO TREATMENT STATEMENT – The Virtual Clinic at Centerstone

I agree to commit to the treatment process. I understand that this means I have agreed to be actively involved in all aspects of counseling and treatment, including:

- Understanding that attending sessions is vital to my progress. Being that this clinic practices short-term models, commitment to my appointments is the only way to maximize my success.
 - a. If I need to cancel or reschedule my appointment, I need to do so at least 24 hours* prior to my scheduled appointment.
 - i. In the event that my appointment is on a Monday*, I agree to contact you at by the prior Friday (one full business day) in order to allow you to reschedule my appointment.
 - ii. No shows or appointments canceled less than 24 hours out will incur a fee of \$50.
 - b. Failure to do this three times may result in being discharged from the program. After my second time and/or rescheduling multiple times, I will be required to speak with my clinician before getting a new appointment.
 - c. Clients that have not been seen for therapy services in 90 days will be closed and will need to call back the clinic to schedule another appointment.
 - d. Re-entry into services is based on a case-by-case basis discussed by the clinical team. If there is an active waiting list and it's agreed by the clinical team that you are appropriate for services again, you will be placed on it.
- If I am more than 15 minutes late for my appointment, I will be rescheduled, and it will be marked as a no-show.
 - a. Any more than 15 minutes late for an appointment is considered to be a No Show.
- Being actively involved during sessions including; setting goals, voicing my opinions, thoughts and feelings honestly and openly with my clinician.
- Completing homework, tasks, and other behavior experiments that were agreed upon during sessions.
- Taking my medications as prescribed by my medication provider. Or, if I want a medication change, dosage change, or want to discontinue any of my medications I will do this under the advisement and treatment of my provider.
- Trying out new behaviors and new ways of doing things.
- Implementing my crisis response and safety plan when needed.
- Provide information about other treatments and treatment providers that may impact my treatment here. This may include medication records, other diagnoses, and other counseling or case management services.
- I realize that no matter what my current circumstances, past experiences, and triggers are, I am ultimately responsible for my behaviors.

I also understand and acknowledge that, to a large degree, a successful treatment outcome depends on the amount of energy and effort I make. I understand that as hard as my clinician will work, they can't work harder than me. If I feel that treatment is not working, I agree to discuss it with my clinician and attempt to come to a mutual understanding as to what the problem is and to identify any potential solutions. I understand that my clinician's primary motivation is to help me achieve my wellness goals, and it will not upset them or hurt their feelings to help me find an alternative treatment provider if doing so is what I desire and/ or is in my best interest.

In short, I agree to make a commitment on the journey "Back to Better."

Client/Guardian Signature or Verbal Consent, including date:

TELEHEALTH GUIDELINES for CLIENTS

- Similar to in-person therapy, telehealth services will include treatment planning and completion of assessments.
- I agree to be alone during session unless otherwise previously agreed upon with my mental health provider due to the sensitive material that is covered in each session, and to respect the confidentiality of my treatment.
- I will inform my provider BEFORE the start of each session if I am NOT located in Tennessee at the time of the session
- I will not video/audio record the session without discussion with my provider.
- I will not engage in telehealth therapy while I am driving or in a public area (store, doctor's office, or other public place).
- I will call my provider if I am running late.
- I agree to dress as if I was going to an appointment at the clinic.
- I will work to have my sessions in a private room with minimal distractions.
- I will not engage in other activities during session (e.g., cooking, eating, and smoking.) Drinking nonalcoholic beverages is acceptable.
- I will not attend sessions while under the influence of alcohol or illicit drugs.
- If I am receiving medication services, I understand that I will be asked to come to the clinic for nurse visits for AIMS/Vitals/Labs as requested by my provider
- I understand that my provider may determine therapy services may be better offered via in-person care if there are ongoing challenges with technology or treatment goals to ensure I am receiving the best care possible.