

Child Consent to Treatment Form

Consent to Treatment Form

Private insurance and cash-paying clients may pay for services with cash, check, debit or credit card (VISA, Mastercard, Discover, American Express). \$80 per 60-minute hour is the normal fee for services. Fees for services are due at the time the service is rendered.

Adult or senior substance abusers, of legal or illegal substances, must be clean and sober before services can begin at Beth Powell's In-Family Services. Questions must be answered honestly on the Caregiver Biography regarding substance use. If Beth Powell determines that substance use has exceeded use and is instead abuse or dependency, then her services will be terminated.

Clients may be reminded of their appointments. Healthcare providers cannot bill a client's insurance for no-show or late cancelled appointments. Missed appointments (no-shows) are billed in full to the cash-paying or private insurance client. A credit card number is given at the time the appointment is made to ensure proper cancellation or postponement of scheduled services. Appointments must be cancelled 24 hours ahead of time.

For Medicaid and Medicare clients, no credit card number is required pre-visit to ensure that the visit is cancelled or postponed appropriately; however, if a session is not cancelled or postponed appropriately, then service will **not** be rescheduled.

Confidentiality

Your privacy is protected by federal and state law. You may not text or use unencrypted e-mail to communicate private health information with this office. What is said in this office will remain private and confidential under the guidelines of HIPAA, the Texas Social Work Code of Ethics, the Texas Social Work Licensing Board and Texas HB 300. All associates who are affiliated with Beth Powell's In-Family Services and who have potential access to your personal health care information must sign a HIPAA-compliant Business Associate Agreement which ensures your confidentiality under law. By law, you are also required to receive and sign paperwork related to HIPAA for services to be rendered. You will be given a HIPAA Notice of Private Practices (NOPP) which explains exemptions to the confidentiality rule. Please note that any third party who is paying for your services has access to your health care records. It is a legal requirement to keep records, which include information such as name, diagnosis, date of service, type of service, billing information, evaluations and session narratives.

General Information

Please note that even though there are Saturday appointments, business hours for phone communication are only between 8 a.m. and 6 p.m. Monday through Friday. The answer machine is not checked after business hours. In case of after-hour emergencies, please call 911.

Please don't park in the apartment complex down the street from the office. Please park in the office parking area or on the street.

Please set up your voicemail and clean off your old voice mails, so you can be left a message by this office if necessary.

When you call this office and reach the voicemail, you must leave your phone number on your message.

Children under the age of 18 do not make appointments for themselves. Their parent or parents make the appointments for them and accompany them into their therapy sessions.

Please do not come to your appointment more than 10 minutes early. Please do not drop by this office if you have no appointment as that is disturbing to other clients. \$80 an hour is charged to the client for all business time outside the client's therapy session. Testimony or advocacy in **any type of court or potential legal proceeding is not within this health care provider's scope of practice. You may not volunteer Ms Powell's services to any entity that she has not agreed to consult with. This**

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would include entities like school diagnosticians, attorneys, CPS case workers, The YES Waiver people, etc. This does not include potential clients. If you like her services, feel free to refer. A \$30 fee will be charged for returned checks. Retrieval and delivery of client records is \$25. Records will only be released to the client or to the custodians of the client.

If you have a question about the professional performance of Lucy (Beth) Powell, SW license 18222, please contact: Texas State Board of Social Worker Examiners P.O. Box 149347, Mail Code 1982 Austin, Texas 78714-9347 www.dshs.state.tx.us/socialwork 1-800-942-5540 (Complaint Hotline)

Note: There are no risks, only potential benefits to treatment at Beth Powell's In-Family Services.

By submission of the below information, I (we) acknowledge I (we) have read, understood and agreed to the above information and have made a copy for my (our) records. Any information that was unclear has been explained.

I (we) Name of Responsible Party:

Caregiver of:

The initial appointment has been scheduled for:

From:

To approximately:

If we must cancel or postpone, we agree to do so at least one business day in advance as outlined above.

Today's Date: May 31, 2026



Signature Certificate

Child Consent to Treatment Form

Unique Document ID:

d29d85d415b3d5596622d8a45e340ad292d6e558

LEGALLY SIGNED USING
WPsignature
Build. Track. Sign Contracts.

Timestamp	Audit
June 26, 2018 10:34 am CDT	Child Consent to Treatment Form Uploaded by Beth Powell - bethpowell@therapysecure.com IP 70.139.88.25
February 1, 2021 1:12 pm CDT	InFamily Services - tobin.melton@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
February 1, 2021 1:57 pm CDT	InFamily Services - tobin.melton@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
February 1, 2021 1:57 pm CDT	InFamily Services - tobin.melton@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
February 1, 2021 1:59 pm CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
March 23, 2021 12:03 pm CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
March 23, 2021 12:06 pm CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
March 23, 2021 3:16 pm CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
March 23, 2021 3:17 pm CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
April 4, 2021 9:20 am CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
April 5, 2021 2:56 pm CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
April 5, 2021 2:58 pm CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
April 5, 2021 3:01 pm CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
April 5, 2021 3:04 pm CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
April 5, 2021 3:05 pm CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25
July 21, 2021 11:41 am CDT	InFamily Services - childinfamily@gmail.com added by Beth Powell - bethpowell@therapysecure.com as a CC'd Recipient Ip: 70.139.88.25

July 27, 2021 12:42 pm CDT

InFamily Services - childinfamily@gmail.com added by
Beth Powell - bethpowell@therapysecure.com as a CC'd
Recipient Ip: 70.139.88.25

March 7, 2022 8:23 am CDT

InFamily Services - childinfamily@gmail.com added by
Beth Powell - bethpowell@therapysecure.com as a CC'd
Recipient Ip: 70.139.88.25



This audit trail report provides a detailed record of the
online activity and events recorded for this contract.

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