



Hello,

Syntero's records indicate it is your eighteenth birthday. Since you are now your own guardian, we ask that you re-sign your initial paperwork. Following this page, you will find four forms:

- **Client Information Updates**
- **Acknowledgment of Receipt and Understanding of Syntero Policies and Consent for Treatment**
- **Service Agreement**
- **Informed Consent Addendum for Telebehavioral Health Services**
- **Outcomes Questionnaire**
- **Authorization for Release/Exchange of Information (ROI)**

Each of these forms include required fields that you must either fill-in or sign in order for the packet to send as completed. Please note: Consenting to the ROI form will allow your parent(s)/caretaker(s) to continue with access to your records. If this is an option you consent to, please complete the ROI form by including their name(s) and number(s) within the "release" field.

Becoming an autonomous adult can be both liberating and confusing. If you have any questions please consult with your clinician and/or contact Syntero's intake department.

Thank You & Happy Birthday!

Syntero's Intake Department
(614)889-5722 x133

intake@syntero.org



Please complete if any of the information below has changed:

Client Name: _____

Client Address: _____

Client Phone #: _____

Emergency Contact Name: _____

Emergency Contact #: _____

Would you like to get appointment reminders?

Yes - Please add your phone number: _____

Text reminders (please make sure the # above is a cell phone)

Voice reminders

No

I am already receiving reminders

Changes to insurance?

Yes (if yes, please provide a copy or present your card)

No



ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF SYNTERO POLICIES AND CONSENT FOR TREATMENT

- ❖ I hereby certify that Syntero has provided me with copies of:
 - Orientation to Rules, Expectations, and Risks/Benefits of Treatment
 - Financial Policies
 - Client & Family Rights
 - Grievance Procedure
 - Privacy Notice including a summary of 42 CFR Part 2 Laws and Regulations
 - Information regarding exposure and transmission of infectious diseases
 - Agency maps
 - ADAMH Board of Franklin Notice of Privacy Practice
- ❖ If I self pay for appointments or are uninsured, I certify that I have received a Good Faith Estimate for the total expected cost of services. I understand that it may be updated as needed or at a minimum, on an annual basis.
- ❖ Syntero makes an effort to communicate with clients through different mediums to gather input on our services, provide updates regarding our services, send appointment reminders, obtain outcome information, and send personalized links to telehealth sessions. Please initial if you provide consent:
 - ____ I consent to receive phone calls/voicemails
 - ____ I consent to receive text messages
 - ____ I consent to receive emails
- ❖ For parent/guardian of minor child:
 - ____ I hereby give Syntero my permission to send my child service related emails
 - ____ I hereby give Syntero my permission to send my child service related text messages
- ❖ Further, I certify I have read and understand the aforementioned documents
- ❖ Consent for Treatment
I hereby give Syntero my permission to provide services including, but not limited to, counseling, psychotherapy, alcohol and other drug treatment and case management to:

Please Print Client's Name

Signature of Client

Date

Parent/Legal Guardian Name

Signature of Parent/ Legal Guardian

Date



Client Name: _____ SSN: _____ DOB: _____
(Please Print)

Responsible Party Name: _____ Date of Birth: _____
(Please Print)

2025 Standard Rates

**Subject to change-updates are posted in our agency lobbies*

| Service Type: | Rates: |
|--|-------------------------|
| Diagnostic assessment | \$200 per clinical hour |
| Individual psychotherapy | \$160 per clinical hour |
| Psychiatric assessment | \$267 per clinical hour |
| Group psychotherapy | \$55 per clinical hour |
| Intensive outpatient for substance use (IOP) | \$218 per group |

Please be aware that your services at Syntero begin with an assessment, completing your assessment may take multiple appointments and if your provider is not in network with your insurance, you will be responsible for the full charge

- I understand that failure to provide insurance or supplemental coverage information in a timely manner will result in my being responsible for full payment for my services.
- I understand that I am responsible for providing up-to-date and accurate insurance information and that a change in my insurance plan could result in a full fee charge/change in payment or change in provider.
- I understand that Syntero will bill my insurance carrier as a courtesy, but that I am responsible for understanding my own benefits and ensuring Syntero receives payment.
- I understand that, if my insurance is considered Out of Network with Syntero and if the cost of services is higher than what my insurance will cover, my explanation of benefits (EOB) can state a zero-dollar amount Client Responsibility. However, I will still be responsible for paying the remaining balance that my insurance does not cover.
- I understand that at each visit I am expected to make a payment as a deposit toward my patient financial responsibility but that it may not be the total amount that I will be responsible for, as the total amount due is based on my insurance plan.
- I understand that if I have a high balance, services may be discontinued until a payment plan is arranged.
- I assign to Syntero any third-party benefits due from any and all insurance benefits in an amount not to exceed Syntero's regular and customary charges for services.
- I assume responsibility for determining in advance whether the services provided and the provider are covered by my insurance or other third-party payer.
- I authorize Syntero to disclose medical information as required by any third-party payers to process a claim for service.
- I understand that I am expected to keep my appointments and, if I must cancel or reschedule an appointment, I will provide as much notice as possible. **I understand that, should I have to cancel my appointment, and I am not able to give a full business day notice, I may be charged a \$25 cancellation fee.**

SIGN

Client/Parent/Guarantor/Responsible Party Signature

Date



SYNTERO, INC.
AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

| | |
|---|---|
| Client's Legal Name (First, M, Last) | Date of Birth (mm/dd/yyyy) |
| Name of Person Completing this Release | Relationship to Client <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Other: _____ |

Hereby grants consent and authorizes:

Syntero, Inc.
(P) 614-600-2708
(F) 614-476-6708
records@syntero.org

To (please select one):
→ Release
← Receive
↔ Both

With (organization, position or individual)

Contact Information: (phone, address, or fax): _____

In any of the following forms: verbally; in written form; or both _____

| | | |
|---|---|--|
| I authorize the following information to be released (check all that apply): | | |
| <input type="checkbox"/> Attendance <input type="checkbox"/> Medication List <input type="checkbox"/> Psychiatric Notes <input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Diagnoses <input type="checkbox"/> Progress Notes <input type="checkbox"/> Summary of Care | <input type="checkbox"/> Diagnostic Assessment <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Treatment Plan |
| Spanning the following covered dates: Most recent admission Past three months All From _____ to _____ Other (Specify): _____ | | Regarding the following reason(s): <input type="checkbox"/> Continuity of Care <input type="checkbox"/> Disability Benefit Determination <input type="checkbox"/> Legal <input type="checkbox"/> Other (Specify): _____ |
| Indicate here any exceptions, if any, to the information being released: _____ | | |
| I understand that I may revoke or cancel this authorization at any time by submitting written revocation in the manner specified by the disclosing entity, except to the extent that the action has been taken in reliance on this authorization. <u>If this authorization has not been revoked, it will expire upon the completion of the treatment, unless I specify a date or event stated below.</u> Expiration date or event: _____ | | |

Substance use disorder records of Part 2 programs disclosed pursuant to this Consent are protected by federal regulations and cannot be re-disclosed without my written consent unless otherwise provided for in the regulations. Any information disclosed pursuant to this Consent other than substance use disorder records or records protected under another state law may be subject to re-disclosure by the recipient. I might be denied services if I refuse to authorize disclosure of information for purposes of assessment, treatment or payment relating to substance use disorder if refusal is permitted by state law. My refusal to authorize disclosure of information for other purposes will not affect my ability to obtain treatment or services. If I have authorized disclosure to a generally described group or class of participants in an entity which is not my treatment provider, upon my written request, I must be provided a list of entities to which my information has been disclosed pursuant to that general designation. Records released pursuant to this authorization request may include information regarding testing, diagnosis, or treatment of HIV/AIDS, psychiatric and/or drug/alcohol treatment, and/or sexual assault. This form is not a patient access request under 45 CFR 164.524. The Client Request for Medical Records is a separate form.

Signature

Date

If this authorization has been completed by a personal representative or guardian on behalf of an individual, their authority to act on behalf of the individual must be set forth here:

Name

Date

Staff Signature

FOR INTERNAL USE ONLY:

Signature of Staff Receiving Release

Date Release Was Received

REVOCATION OF AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

I HEREBY REVOKE MY PERMISSION FOR USE OR DISCLOSURE OF MY PRETECTED HEALTH INFORMATION TO THE ORGANIZATION, POSITION OR INDIVIDUAL SPECIFIED ABOVE. FURTHER RELEASE OF INFORMATION SHALL CEASE IMMEDIATELY.

Signature of Client or
Legal Representative _____

Date _____

Staff Signature _____

Date _____

Instructions:

Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and fill the circle completely under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth.

Developed by
Michael J. Lambert, Ph.D.
and
Gary M. Burlingame, Ph.D.

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For More Information
Contact:

AMERICAN
PROFESSIONAL
CREDENTIALING
SERVICES LLC
PO Box 970354
Orem, Utah 84097-0354

E-MAIL:
APCS@OQFAMILY.COM

WEB:
WWW.OQFAMILY.COM
TOLL-FREE: 1-888-MH
SCORE, (1-888-647-2673)
FAX: 1-801-434-9730

| | Never | Rarely | Sometimes | Frequently | Almost Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I get along well with others..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I tire quickly..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I feel no interest in things..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I feel stressed at work/school..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I blame myself for things..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I feel irritated..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I feel unhappy in my marriage/significant relationship..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I have thoughts of ending my life..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I feel weak..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I feel fearful..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. After heavy drinking, I need a drink the next morning to get..... going. (If you do not drink, mark "never") | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I find my work/school satisfying..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I am a happy person..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I work/study too much..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. I feel worthless..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I am concerned about family troubles..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. I have an unfulfilling sex life..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. I feel lonely..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I have frequent arguments..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I feel loved and wanted..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. I enjoy my spare time..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I have difficulty concentrating..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I feel hopeless about the future..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. I like myself..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Disturbing thoughts come into my mind that I cannot get rid of..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. I feel annoyed by people who criticize my drinking (or drug use)..... (If not applicable, mark "never") | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I have an upset stomach..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. I am not working/studying as well as I used to..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. My heart pounds too much..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. I have trouble getting along with friends and close acquaintances.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. I am satisfied with my life..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I have trouble at work/school because of drinking or drug use..... (If not applicable, mark "never") | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. I feel that something bad is going to happen..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. I have sore muscles..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. I feel afraid of open spaces, of driving, or being on buses,..... subways, and so forth. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. I feel nervous..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. I feel my love relationships are full and complete..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. I feel that I am not doing well at work/school..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. I have too many disagreements at work/school..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. I feel something is wrong with my mind..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. I have trouble falling asleep or staying asleep..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. I feel blue..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 43. I am satisfied with my relationships with others..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. I feel angry enough at work/school to do something I might regret.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. I have headaches..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |