KRISTOPHER L. WALTON & ASSOCIATES, LLC
1536 Midway Avenue Ammon, ID 83406
(208) 403-0135 Fax: (208) 441-1794

Navigating Your Home Program

CLIENT INFORMATION

Date_____

Name_____S.S. #_____
Last First Initial
What name do you prefer being called (i.e. Kathleen, Kathy)_____

Address_____ Phone_____

City_____State_____Zip_____

Sex M F Age_____ Birthdate_____/_____/_____ Single Married Widowed Divorced Separated

Employer_____ Occupation_____ Work Phone_____
Highest level of Education_____ College Degree (if applicable)_____
Whom may we thank for referring you?_____
In case of emergency who should be notified?_____Phone_____

RESPONSIBLE PARTY

Name_____S.S. #_____

Address_____Phone_____

City_____State_____Zip_____

Sex M F Age_____ Birthdate_____/_____/_____ Single Married Widowed Divorced Separated

Employer _____ Occupation_____
Work Address_____ Work Phone_____

Family Members and ages:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

KRISTOPHER L. WALTON & ASSOCIATES, LLC
1536 Midway Avenue Ammon, ID 83406
(208) 403-0135 Fax: (208) 441-1794

Navigating Your Home Consent for Treatment

Client Name:_____

Services

You have requested Navigating Your Home (NYH) services from Kristopher L. Walton & Associates, LLC (KLW&A). Those services are delivered to clients on an appointment only basis. Frequency of services, objectives, and goals will be determined for each individual and/or family and will be based on need, progress, desire for services, and continued compliance with prearranged financial agreement.

NYH is designed to improve both individual and familial concerns and negative situations. The purposes and benefits of services described include a possible improvement of these issues. However, while services provided by KLW&A adhere to the current standard of care in the Idaho Falls area and on the national level, there is no guarantee that those services will completely alleviate the issues to be addressed. Moreover, there are risks associated with these services, including a worsening of symptoms. KLW&A staff is not liable for any injury or damage incurred as a result of providing ethical services. You thus have alternatives to the services provided by KLW&A, including, but not limited to, seeking other forms of counseling, coaching, and psychotherapy. You have the right to withdraw your consent of treatment, refuse services, and/or seek services elsewhere at any time. You also have the right to choose the agency who delivers these services.

These services are for informational and educational purposes only. It is not medical advice for any condition, either as diagnosis or treatment. The information should not be viewed as a substitute for professional advice or assistance of licensed professionals. Please consult a healthcare professional for all matters relating to personal medical, health care or societal functioning issues. If you are a danger to yourself or others, please call your doctor, health care provider, or go to the nearest emergency room.

Confidentiality

KLW&A voluntarily adheres to HIPPA privacy standards for maintaining records. Video and audio recording is commonly used for consultation, review, and/or training and can increase service effectiveness. These recordings would be utilized without identifying information and only heard or viewed by KLW&A staff that are bound by the law and obligated to adhere to the NASW code of ethics to protect your confidentiality. KLW&A will not release any information or records to other parties or providers without your written consent. KLW&A is obligated by law to disclose information if it is determined that you are a danger to yourself or others, or by legal subpoena. In these rare instances, only the required information will be shared with requesting parties.

By signing this document, you acknowledge that you freely choose and give your consent for KLW&A to deliver services.

_____ _____
Client Date

_____ _____
Printed Name Relationship to Client

KRISTOPHER L. WALTON & ASSOCIATES, LLC
1536 Midway Avenue Ammon, ID 83406
(208) 403-0135 Fax: (208) 441-1794

Navigating Your Home

FINANCIAL POLICY AND AGREEMENT FOR SERVICES

Client Name:_____

We are committed to providing you with the very best possible service and would be happy to discuss our financial fees with you anytime.

- Navigating Your Home services requires an initial non-refundable retainer payment of $1250.00 at time of commitment to the program. Clients will be billed $125.00 an hour for services provided ($62.50 an hour billed twice a month and $62.50 an hour will be taken from the retainer). This cost covers all services done in the home, as well as 2 hours of phone consultation with providers. Additional phone calls will be billed at $31.25 for each ¼ hour.

- PAYMENT IN FULL IS DUE AT TIME OF COMMITMENT TO PROGRAM, AND AT TIME OF SERVICE UNLESS PAYMENT ARRANGEMENTS HAVE BEEN PRE-ARRANGED WITH Kristopher L. Walton & Associates, LLC.

- WE ACCEPT CASH, CHECK, VISA AND MASTERCARD

Missed appointments:

- Please note missed or canceled appointments will be subject to a missed appointment fee of $50. This fee must be paid before a new appointment is scheduled.
- Client or service provider may cancel within 24 hour notice without penalty. If you miss or cancel (without 24 hour notice) two consecutive appointments, your account will be reviewed for closure.

Unless other arrangements are approved in writing by the owner of KLWA, Kristopher L. Walton, I understand that payment in full is due at the time of service and that only arrangements made with Kristopher L. Walton are valid. I understand that in the case when other arrangements have been made, any balance on my statement is due and payable when the statement is issued, and is past due if not fulfilled by the due date on the statement. A FINANCE CHARGE of 1.5% per month (18% per annum) will be charged for any outstanding balances on pre-arranged financial arrangements. I also understand that services may be reduced, interrupted and/or cancelled if I am unable to pay.

I understand that past due accounts will have necessary actions taken by KLWA to collect the debt. If KLWA must refer my account to a collections agency and/or lawyer I also understand my account will be responsible to pay all the collections/legal costs incurred. I understand in the case of divorce or separation the party responsible for the account prior to the divorce or separation remains responsible for the account. If a divorce decree requires the other party to pay all or part of the cost of service, it is the authorizing party's responsibility to collect from the other party. I understand I may contact Kristopher L. Walton with any questions.

_____ _____

Signature of Financially Responsible Party Date

_____

Printed Name

_____ _____

Witness Signature Date

KRISTOPHER L. WALTON & ASSOCIATES, LLC
1536 Midway Avenue Ammon, ID 83406
(208) 403-0135 Fax: (208) 441-1794

Authorization Release
Permission to Record and Use of Recorded Material

Video and audio recording are commonly used for consultation, training and research in therapy. In order to record your session written consent is needed. The recording of sessions will likely enhance the effectiveness of your services, but is not required. You may decline to have sessions recorded.

Confidentiality
For any of the uses agreed to below, the strictest confidentiality will be maintained, and there will be no sharing of the recorded material beyond the limits specified below. Except your voice and/or image on the recording, there will be no information that could identify you. The recording will never knowingly be shared with anyone who knows you. Professionals who may view or hear recorded material of your session (if permission is given here) are bound by law and by code of ethics to the same obligation to protect your confidentiality. Except as noted below, the existence of this recording will not be discussed with anyone at any time.

_____ **Session Review Only**
The recording may be reviewed privately by Kristopher L. Walton & Associates staff for the purpose of ideas, techniques and theory for research of up and coming books, workshops and presentations. Information will be erased prior to the subsequent session. It will not be kept beyond the subsequent session and no recording will be kept beyond the conclusion of treatment.

_____ **Consultation**
The recording may be shared with a consultant who has been engaged to provide expert consultation regarding the service process. This consultation is a vital source of professional development and accountability; it provides additional provider expertise as a resource to your treatment and increases its effectiveness.

_____ **Training**
A brief recording excerpt may be used by Kristopher L. Walton & Associates staff in training to demonstrate concepts and techniques of services. No information which could identify you, beyond the content of the tape, will be shared.

Other Conditions (specify):
_____
_____

Freedom to withdraw consent
I/we understand that we may withdraw previously granted consent at any time without giving a reason, and that this will not affect our services or relationship with our service provider (s) in any way. I/we give our permission to Kristopher L. Walton & Associates to Audio/Video (circle one) record my/our therapy sessions for the purposes indicated above.

Client/Parent _____ Date _____

Client _____ Date _____

Witness _____ Date _____

KRISTOPHER L. WALTON & ASSOCIATES, LLC
1536 Midway Avenue Ammon, ID 83406
(208) 403-0135 Fax: (208) 441-1794

Program Commitment Contract

— I agree to meet with my service provider at scheduled dates and times prepared to put in the time and energy requested to participate fully in this program.

— I will make every reasonable effort to communicate problems or changes in scheduling with my service provider within 24 hours of when services are scheduled to be rendered.

— I will work individually and/or cooperatively with my family as needed to implement changes to the best of my ability.

— I understand that I am responsible for creating my own physical, emotional, and mental wellbeing.

— I agree to communicate honestly with my service providers.

— I agree to be open to feedback and assistance from my service providers.

— I commit to working toward accomplishing the program goals I develop with my service provider.

— I understand that regardless of the information or guidance I am offered by my service provider, my decisions, actions, choices, and results are based on my level of commitment and involvement.

_____ _____

Signature Date

For more information, questions or concerns you please contact:

Kristopher Walton

208-403-0135