



Service Agreement

Client Name: _____ Date of Birth: _____ Phone: _____

Street Address: _____ City/State/Zip: _____

Purpose of This Agreement

This agreement outlines the services provided by Blue Sky Counseling, expectations for participation, billing practices, and financial responsibilities. Please review this document carefully and ask questions before signing. Participation in services is voluntary. Clients may discontinue services at any time; however, a termination session is encouraged when clinically appropriate.

Consent for Treatment and Services

By signing this agreement, I voluntarily consent to assessment, diagnosis, treatment, counseling, care coordination, case management-related support services, medication management services, group services, and other behavioral health services offered by Blue Sky Counseling as clinically appropriate.

I understand that:

- Participation in services is voluntary.
- I have the right to ask questions about my care and treatment recommendations.
- I may refuse any recommended service or intervention to the extent permitted by law.
- I may withdraw from services at any time, although a termination session is encouraged when clinically appropriate.
- Treatment outcomes cannot be guaranteed.
- My treatment records will be maintained in accordance with applicable state and federal confidentiality laws, including HIPAA and 42 CFR Part 2 when applicable.

I acknowledge that behavioral health treatment may involve discussing difficult personal experiences, emotions, trauma, substance use, relationships, or other sensitive topics that could temporarily result in emotional discomfort.

I understand that Blue Sky Counseling may coordinate care, bill insurance, and use or disclose information for treatment, payment, and healthcare operations as permitted by law and the agency's Notice of Privacy Practices.

Duration and Location

Services are provided at Blue Sky Counseling locations or via approved telehealth platforms. Appointments are scheduled based on clinical need and staff availability.



(207) 616-0705



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(207) 241-4016



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Individual Service Plan

An individualized treatment or service plan will be developed collaboratively. The plan will outline:

- Identified goals
- Recommended services
- Frequency and duration
- How progress will be measured

Plans are reviewed and updated as required.

Opioid Health Home (OHH)

OHH services are provided in accordance with MaineCare guidelines and may include:

- OHH evaluation
- Medication appointments
- Individual counseling
- Group counseling
- Care coordination
- Urine drug screening as clinically indicated

Participation requires adherence to program expectations and clinical recommendations.

DEEP Evaluations and Treatment

DEEP evaluations and treatment are conducted in accordance with requirements established by the State of Maine.

Evaluation typically includes:

- Four (4) one-hour sessions
- Concerned person interview
- Drug testing

Participants are expected to remain abstinent from mood-altering substances during the evaluation process. DEEP treatment services are conducted according to state guidelines and may include random drug screening and laboratory confirmation testing as required.

Court / External Evaluations

Court evaluations, deferred disposition evaluations, and probation-related evaluations are conducted as requested by referring entities and are subject to self-pay fees as outlined in the fee schedule.

Attendance Expectations

Blue Sky Counseling requires 48-hour notice for appointment cancellations.

MaineCare Members

MaineCare members will not be charged a missed appointment fee. However, repeated missed appointments may result in clinical review and possible discharge from services.



Self-Pay Services (Including DEEP, Court, Deferred Disposition, and Other Non-Covered Services)

If 48-hour notice is not provided or the appointment is missed, the full session fee for the scheduled service will be charged.

Missed appointment fees for self-pay services must be paid before additional appointments may be scheduled.

Financial Responsibility

Blue Sky Counseling accepts MaineCare and self-pay.

MaineCare

If enrolled in MaineCare:

- Services will be billed according to MaineCare guidelines.
- Clients are responsible for maintaining active eligibility.
- Changes in eligibility must be reported promptly.

If MaineCare coverage is inactive and services are provided, the client may be responsible for payment at established self-pay rates.

Blue Sky Counseling does not charge MaineCare members beyond what is permitted under MaineCare rules.

FEE SCHEDULE (Effective 12/21/25) A \$3.00 processing fee applies to all card payments.

The fees listed in this Service Agreement are current as of the date of signing and are subject to change periodically. Blue Sky Counseling reserves the right to modify fees based on operational, contractual, regulatory, or other business considerations. Clients will be provided reasonable notice of any fee changes prior to the effective date whenever feasible. Fee changes will apply prospectively and will not affect services rendered before the effective date of the change. An updated fee schedule is available upon request.

OHH Program Fees

OHH Evaluation (2 hours): \$130.00

MAT Appointments:

15 minutes: \$65.00

30 minutes: \$130.00

45 minutes: \$195.00

60 minutes: \$260.00

OHH Counseling:

Group (2 hours): \$65.00

Individual (1 hour, including annual): \$125.00

OHH Medication Appointments:

MAT Provider Visit (15 minutes): \$65.00

UA Fee (OHH): \$5.00



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SA / MH Counseling Only

Individual Counseling (1 hour): \$150.00

AMM Appointments (OHH Participants Only)

15 minutes: \$65.00

DEEP Services

DEEP Evaluation (1 hour): \$255.00 (Effective as of 6/3/26)

DEEP Treatment (1 hour): \$200.00 (Effective as of 6/3/26)

Court / External Evaluations

Court Evaluation / Deferred Disposition (1 hour): \$400.00

DHHS / Probation Evaluation (1 hour): \$230.00

Additional Fees

UDS (DEEP, Court, SA Only): \$25.00

Clinical Science Confirmation: \$85.00

Payment for self-pay services is due at the time of service unless prior arrangements are made.

Self-Pay Services

Self-pay services include DEEP evaluations, DEEP treatment, court evaluations, deferred disposition evaluations, and any service not covered by MaineCare.

Fees are as listed in the current Blue Sky Counseling Fee Schedule above.

A \$3.00 processing fee applies to all card payments.

Payment is due at the time of service unless prior arrangements are made.

Additional Fees

Additional charges may apply for:

- Urine Drug Screens (when not covered by MaineCare)
- Clinical laboratory confirmation testing

These fees are outlined in the current fee schedule.

Electronic Communication

Blue Sky Counseling may communicate with clients electronically for purposes including scheduling, appointment reminders, billing matters, care coordination, telehealth access information, and other treatment-related or administrative purposes.



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Clients understand and acknowledge that:

- Email and text messaging are not fully secure forms of communication.
- Electronic communications may contain Protected Health Information (PHI), including appointment information, billing information, treatment-related communication, or references to participation in services.
- Messages sent through personal email accounts or personal devices may be accessed by unauthorized individuals if accounts or devices are not secured.
- Clients are responsible for protecting the privacy and security of their own devices, passwords, voicemail, phone numbers, and email accounts.
- Electronic communications are not monitored continuously and must not be used for emergencies or crisis situations.

If experiencing a mental health crisis, clients should call 988, call 911, or go to the nearest emergency room.

Clients may revoke consent for electronic communication at any time by providing written notice to Blue Sky Counseling. Revocation will not apply to communications already sent prior to the request being processed.

Telehealth services require separate informed consent documentation.

Emergency Coverage

If experiencing a crisis:

- Follow your crisis or stabilization plan if one exists.
- During business hours, contact Blue Sky Counseling.
- After hours, contact the Maine Crisis Hotline at 1-888-568-1112 or call 911 in an emergency.

Minors

Parents or legal guardians agree to participate in services as clinically appropriate.

Independent youth who meet legal criteria for consent may receive services without parental authorization as permitted by Maine law.

Termination of Services

Services may be terminated:

- At client request
- Upon completion of treatment goals
- If attendance expectations are not met
- If services are no longer clinically appropriate
- If safety concerns arise

Clients will receive notice and referral information when applicable.



Confidentiality

Blue Sky Counseling maintains client confidentiality in accordance with applicable federal and state laws, including HIPAA and 42 CFR Part 2 when applicable to substance use disorder treatment records.

Exceptions to confidentiality may include:

- suspected abuse or neglect,
- danger to self or others,
- court orders,
- medical emergencies,
- mandatory reporting obligations,
- or other disclosures permitted or required by law.

Additional information regarding privacy practices is provided in the Notice of Privacy Practices.

Acknowledgment and Consent

I acknowledge that:

- I have reviewed this agreement.
- My questions have been answered.
- I understand the services being offered.
- I understand the attendance, communication, confidentiality, and financial policies.
- I voluntarily consent to treatment and services provided by Blue Sky Counseling.
- I understand that telehealth services require separate informed consent documentation.

Client Signature: _____ Date: _____

Printed Name: _____

Staff/Witness Signature: _____ Date: _____

Updated 05.27.26