

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## General Consent for Mental Health Services

UMCH offers a variety of individual, family and group-counseling services provided by licensed mental health counselors, social workers, and supervised graduate student interns. Pharmacological management services are provided by licensed Psychiatrists (MD), Advanced Practical Registered Nurses (APRN) and Nurses.

A diagnostic assessment may include a review of referral materials, face-to-face interviews with you and significant others, and the use of formal assessment protocols. It is designed to assist in the development of a clearer picture of your social, emotional, health, and behavioral needs. Gathered information may be used for planning of treatment and services. The possible risks associated with receiving this service may include increase in stress due to the focus placed on identifying problem areas. Refusing or stopping this service before it is complete may mean there is insufficient information available to develop a sound plan on your behalf. This may limit your access to services and interventions, which could assist you in improving your ability to function.

Counseling, therapeutic behavioral services (TBS) and community psychiatric supportive treatment (CPST) can have both risks and benefits. Counseling has been shown to have many benefits. It can often lead to better interpersonal relationships, improved academic performance, solutions to specific problems, and reductions in feelings of distress. But there is no assurance of these benefits. As a good consumer, it is important for you to be active in your work in counseling, TBS and CPST, including asking questions and frankly discussing issues of concern with your counselor and any others on your treatment team. The counseling process may include discussions of your personal challenges and difficulties, which may lead to uncomfortable feelings such as sadness, guilt, anger or frustration. Additional potential risks associated with refusing or stopping this service may include either a continuation or a worsening of the symptoms and problems that led to the recommendation for services.

Pharmacological management services are designed to assist clients in managing medical and psychiatric needs by offering care, which may include diagnostic assessments, physical examinations, prescription and management of medications, and other routine medical/nursing procedures. A reduction in psychiatric symptoms and maintenance of optimal physical health are potentially primary benefits of medication/somatic services. The possible risks associated with refusing or stopping this service may include a continuation or a worsening of your symptoms, and the possible need for hospitalization or for other placement in a more restrictive treatment environment. Prior to prescribing any medications, the physician and/or the nurse will review the potential benefits and side effects with you.

You may also utilize interactive video conferencing as a way of receiving mental health or pharmacological services. Should you agree to interactive video conferencing, please be aware of the following:

1. Interactive video conferencing, although found to be completely safe and effective as an intervention is not the same as meeting with your clinician face to face. The agency will make every effort to utilize this service to accommodate all of your needs.
2. The agency will utilize video conferencing software that is HIPPA compliant and protects your confidentiality. However, it is critical that you consider the location and privacy that you have when engaging with your clinician utilizing this service.

You have the right to refuse these services. You have the right to withdraw your consent for services at any time, and UMCH will make efforts to develop alternate approaches with you to get you the services you need.

Many issues you may typically encounter can be addressed with short-term counseling services we provide. Your initial session is an assessment session, devoted to defining your concerns, developing a treatment plan, and determining whether UMCH can meet your needs. If at any point it is determined that other services are more suitable, we will help you obtain assistance from appropriate providers. Non-compliance with the plan we develop to assist you could result in the termination of services.

## **Informed Consent**

Informed consent is a communication process whereby a client (or parent, guardian, or other adult who has legal authority to provide consent for medical evaluation and treatment of a minor), with the advice and support of a mental health professional, makes treatment decisions. UMCH requires the consent of the legal guardian when the client is a minor and, in situations where there has been a court order or other decision which has somehow altered the child's custody status, requires a copy of the court order be provided at the time of the first session with these consent forms. Additionally, it is very important for your protection and UMCH's that you inform your service provider if there is a change in the child's custody status.

UMCH also seeks informed consent of the legal guardian when starting or altering prescriptions for medication. As a result, it is very important that the guardian accompany the minor client to each appointment. Minor clients who arrive at an appointment without someone who is able to provide informed consent may be refused services. In accordance with best practice standards, if a court order indicates shared decision making authority between two (2) parties, the psychiatrist or another member of our medical personnel may seek consent from the other party prior to beginning or altering an existing prescription for medication.

As the parent or legal guardian with the authority to consent on behalf of the minor named herein, I hereby give my consent for the minor to seek counseling, psychotherapy, therapeutic behavioral services (TBS), community supportive psychiatric treatment (CPST) services, and/or psychiatric care as deemed advisable and/or necessary by the professional staff of UMCH. I understand the general nature and extent of the risks involved in the treatment. However, treatment will not be delayed if any emergency exists. This consent will be valid until the minor reaches the age of 18 but can be revoked at any time by written notification. Any questions relating to this form or the proposed treatment can be presented to the Clinical Supervisor or Clinical Director.

## **Fees and Billing**

Payment/co-insurance is due in full at the beginning of each session.

If your health insurance carrier/HMO/Medicaid plan claims that the services provided are not considered reasonable and medically necessary for your care, you are responsible for payment of these services.

If the cost of services provides a hardship for you, please notify the therapist working with your family. It may be possible to arrange a payment plan.

I authorize UMCH to transmit the information required/permitted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to determine my benefit eligibility and receive payment from my insurance provider for services provided to me, if applicable.

You must notify UMCH if there is any change in your insurance or payment status within seven (7) days of the change.

I have read and understand UMCH Family Services' policy on payment for services.

## **Appointments**

We appreciate your assistance in the efficient management of your appointments. Consistent attendance at your sessions is extremely important to your/your child's progress. Although we recognize that not every scheduling conflict can be anticipated, if for any reason you find that you are unable to keep an appointment, please contact your provider at least 24 hours prior to the appointment. If you need to cancel or reschedule an appointment please call our intake office at 614.885.5020 or the contact number your clinician has given you.

If you decide to discontinue services, we would like you to discuss this with your clinician during a session so appropriate discharge planning can take place.

Please be aware that if you do not keep a scheduled appointment and you do not call to reschedule or, if we are unable to reach you after three (3) attempts, your case will be closed and our service to you will be considered complete. If you later wish to reconnect with your therapist or your prescriber, see a different provider, or request other services from UMCH Family Services please contact us at 614-885-5020.

If your counselor or prescriber needs to reschedule your appointment, we will contact you according to your preferred method of communication.

In the unfortunate event your assigned therapist or anyone else involved in your case leaves the agency for any reason, the Clinical Supervisor for your program will assign you to another clinician regarding your treatment needs.

## **Confidentiality**

In keeping with ethical standards and state and federal laws, all services provided by the staff of UMCH are kept confidential except as noted here and in the accompanying Notice of Privacy Practices. We consult as needed within the staff of UMCH about the best way to provide the assistance that you might need. As required by practice guidelines and current standards of care, we keep records of the services you receive. UMCH's professional staff have a legal responsibility to disclose client information without prior consent when a client is likely to harm himself, herself or others unless protective measures are taken, when there is reasonable suspicion of abuse of children, dependent adults or the elderly, when the client lacks the capacity to care for himself/herself and when there is a valid court order for the disclosure of client files. Fortunately, these situations are infrequent. Please consult with your clinical team if you have any questions about confidentiality.

## **Your Rights as a Client**

UMCH has established a client complaint and grievance procedure. Your rights as a client of UMCH as well as the grievance process are outlined on a separate handout, which is part of your intake packet.

## **Program Evaluation**

UMCH is committed to assessing and improving its programs and services. One way this is accomplished is by contacting you after your discharge to get feedback about your functioning and your satisfaction with our services. You may refuse to participate in the survey in the event you are contacted.

**I have read and understand UMCH Family Services' *General & Informed Consent for Services & Agency Policies***

Client's signature (if over 18) or Parent/Guardian \_\_\_\_\_

Client Initials (<18) \_\_\_\_\_

Date \_\_\_\_\_