

# A New Tomorrow Behavioral Health Services

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## INFORMED CONSENT FORM

### I. CONFIDENTIALITY

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. The therapist cannot and will not tell anyone else what you have told them, or even that you are in therapy with them without your prior written permission. Your therapist will always act so as to protect your privacy even if you do release in writing to share information about you. You may direct your therapist to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

The following are legal exceptions to your right to confidentiality. Your therapist will inform you of any time when they will have to put these into effect.

1. If there is good reason to believe that you will harm another person, then your therapist must attempt to inform that person and warn them of your intentions. They must also contact the police and ask them to protect your intended victim.
2. If there is a good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give information about someone else who is doing this, then Child Protective Services must be informed within 48 hours and Adult Protective Services immediately.
3. If your therapist believes that you are in imminent danger of harming yourself, they may legally break confidentiality and call the police or the county crisis team. Therapists are not obligated to do this, and would explore all other options with you before they take this step. If at that point you were unwilling to take steps to guarantee your safety, then they may be obligated to contact a crisis team or proper authorities.
4. If you and your partner decide to have some individual sessions as part of the couple's therapy, what you say in those individual sessions will be considered to be a part of the couple's therapy, and may be discussed in joint sessions.

### II. RECORD-KEEPING

Records of each session are kept noting the dates we meet, the topics we cover, progress reports from the client's perspective, interventions and impressions from the therapist and treatment plan. All records are kept private and not shared with others without a release of information form completed by client, in accordance with HIPPA requirements.

### III. DIAGNOSIS

If a third party, such as an insurance company, is paying for part of your bill, it is normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems.

#### **IV. OTHER RIGHTS**

You have the right to ask questions about anything that occurs in therapy. Your therapist is always willing to discuss your treatment plan and alternative techniques as needed.

           (Initial) I give consent to having interns assist with my treatment. I understand that a licensed professional counselor will be supervising all interactions and treatment.

#### **V. FEES**

Payment for services are due at time of each session. It is the client's responsibility to ensure that all correct insurance information is on file with the office. Failure to provide the correct insurance information may result in the client being billed for the session. If you need to make changes to your insurance or your contact information at any time, please make sure you notify the office. All co-pays and/or deductibles will be collected before services can be rendered.

Our office offers sliding fee scales for clients who do not have health insurance.

#### **VI. APPOINTMENTS**

We appreciate prompt arrival for appointments. Please notify us if you will be late. If you are going to be more than 15 minutes late for your appointment, it must be canceled and rescheduled.

If you need to cancel an appointment then please give at least 24-hour notice. Failure to cancel appointment will result in a no-show. If a client has two or more no-show appointments then the case may be considered for closure.

#### **VII. TELEHEALTH**

           (Initial) We offer telehealth services. The platform that we utilize and HIPAA compliant. Please note that all rights to confidentiality will apply. If you wish to receive these services, please initial here.

**By signing this form, you agree to receive text and/or voicemails at the phone number you provided in reference to appointment reminders and case updates.**

**I have read the above information and understand my rights in counseling, the nature and limits of confidentiality, and what is expected of me as a client.**

Client's Name (Print): \_\_\_\_\_

Signature of Client or Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_