

**Hi-Tech Charities
Outpatient Behavior Health Center**

INTAKE FORMS PACKET

Included in this Packet
<ul style="list-style-type: none">(1) Informed Consent for Therapy Services(2) Clients Expectation, Rights and Responsibilities(3) Confidentiality/Notice of Privacy Practices(4) Release of Information

Instructions:

All forms are to be thoroughly reviewed with the client by Hi-Tech Charities Intake Coordinator to ensure client understands agency policies and procedures on confidentiality and informed consent as well as the client's expectations, rights and responsibilities.

Once reviewed and any and all questions answered and clarified, the client must sign and date each form **PRIOR** to services rendered by Hi-Tech Charities clinical staff.

Hi-Tech Charities
Outpatient Behavioral Health Center
Informed Consent for Therapy Services

CLINICIAN-CLIENT SERVICE AGREEMENT

Welcome to Hi-Tech Charities Outpatient Behavior Health Center. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us informing you of our policies as well as your consent for treatment. We can discuss any questions you have when you sign them or at any time in the future.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Hi-Tech Charities has the responsibility to inform you of these policies. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, we will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

Appointments will ordinarily be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask

that you provide us with 24 hours notice. If it is possible, we will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL RECORDS

Hi-Tech Charities is required to keep appropriate records of the psychological services that we provide. Your records are maintained in a secure location in the office. We keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, we recommend that you initially review them with us, or have them forwarded to another mental health professional to discuss the contents. If we refuse your request for access to your records, you have a right to have our decision reviewed by another mental health professional, which we will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

Our policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Confidentiality/ Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is our policy not to provide treatment to a child under age 13 unless s/he agrees that we can share whatever information we consider necessary with a parent. For children 14 and older, we request an agreement between the client and the parents allowing us to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless we feel there is a safety concern (see also attached form on Confidentiality for exceptions), in which case we will make every effort to notify the child of our intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING US

We are typically available by phone to discuss matters such as appointments, cancelations, and other important information regarding services. Our office hours are Monday through Friday 8am-5pm. If no one is available to take your call, you may leave a message on our confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. For urgent matters such as being a threat to yourself or to someone else, 1) go to your Local Hospital Emergency Room, or 2) call 911 and ask to speak to the mental health worker on call. We will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering the practice.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, we hope you will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that we will not have social or sexual relationships with clients or with former clients.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this agreement and give Hi-Tech Charities authorization to treat you or your child.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date _____

HI TECH CHARITIES
OUTPATIENT BEHAVIORAL HEALTH CENTER

CLIENTS EXPECTATIONS, RIGHTS AND RESPONSIBILITIES

- You may ask a career professional for a detailed explanation of services including the fees they charge.
- You should work with a professional who will permit you to select which services to use.
- You may also ask for their credentials (including a copy of their diploma and licensure certificate) and a copy of their ethical guidelines.
- Professional Therapists are required to follow the ethical standards of professional bodies such as the National Board for Certified Therapists, the American Counseling/Therapy Association, the American Psychological Association, , the National Association of Social Workers (NASW), or the National Career Development Association.
- You may terminate services at any time and pay only for the services rendered.

Your Rights as a Consumer

- Be informed of the qualifications of your Therapist: education, experience, professional Counseling/Therapy certifications, and license(s).
- Receive an explanation of services offered, your time commitments, fee scales, and billing policies prior to receipt of services.
- Be informed of the limitations of the Therapist's practice to special areas of expertise (career development, ethnic groups, etc) or age group (adolescents, older adults, etc.).
- Have all that you say treated confidentially and be informed of any state laws placing limitations on confidentiality in the Counseling/Therapy relationship.
- Ask questions about the Counseling/Therapy techniques and strategies and be informed of your progress.
- Participate in setting goals and evaluating progress toward meeting them.
- Be informed of how to contact the Therapist in an emergency situation.
- Request referral for a second opinion at any time.
- Request copies of records and reports to be used by other Counseling/Therapy professionals.
- Receive a copy of the code of ethics to which your Therapist adheres.
- Contact the appropriate professional organization if you have doubts or complaints relative to the Therapist's conduct.
- Terminate the relationship at any time.

Your Responsibilities as a Client

- Set and keep appointments with your Therapist. Let him or her know as soon as possible if you cannot keep an appointment.
- Pay your fees in accordance with the schedule you pre-established with the Therapist.
- Help plan your goals.
- Follow through with agreed upon goals.
- Keep your Therapist informed of your progress towards meeting your goals.
- Terminate your Counseling/Therapy relationship before entering into arrangements with another Therapist.

If you are Dissatisfied with the Services of a Therapist

Remember that a Therapist who meets the needs of one person may be wrong for another. If you are dissatisfied with the services of your Therapist:

- Express your concern directly to the Therapist, if possible.
- Seek the advice of the Therapist's supervisor if the Therapist is practicing in a setting where he or she receives direct supervision.
- Terminate the Counseling/Therapy relationship if the situation remains unresolved.
- Contact the appropriate state licensing board, national certification organization, or professional association, if you believe the Therapist's conduct to be unethical.

Ethical Practices

Career professionals adhere to professional ethical principles. Ethical standards are designed to serve the best interests of the clients. These standards govern topics such as professional practices, Therapist-client relationships, the provision of services and the use of assessment and evaluation in Counseling/Therapy.

Your professional Therapist will discuss his or her qualifications, training, and areas of expertise.

You can expect that your Therapist will provide information about the Counseling/Therapy services and fees, including the purposes, goals and benefits of the Counseling/Therapy services that you will receive.

Your career professional will discuss with you guidelines regarding confidentiality, privacy and disclosure of information for the Counseling/Therapy process.

By signing this form you agree that you have been advised of the expectations, rights and responsibilities of client of Hi Tech Charities Outpatient Behavioral Health Center. Your further agree that you understand said expectations, rights, and responsibilities.

Printed Name: _____ **Client/Parent/Guardian**

Signature: _____ **Date:** _____

HI TECH CHARITIES OUTPATIENT BEHAVIORAL HEALTH CENTER

Confidentiality/Notice of Privacy Practices Agreement

COUNSELING/THERAPY is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling/Therapy involves sharing sensitive, personal, and private information that may at times be distressing. During the course of Counseling/Therapy, there may be periods of increased anxiety or confusion. The outcome of Counseling/Therapy is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the Counseling/Therapy process.

CONFIDENTIALITY:

All interactions with Hi Tech Charities Clinical staff, including scheduling of or attendance at appointments, content of your sessions, progress in Counseling/Therapy, and your records are confidential. All records are kept in a secure location only Hi-Tech Charities clinical staff has access to. No record of Counseling/Therapy is contained in any academic, educational, or job placement file. You may request in writing that the Counseling/Therapy staff release specific information about your Counseling/Therapy to persons you designate.

EXCEPTIONS TO CONFIDENTIALITY:

- The Counseling/Therapy staff works as a team. Your therapist may consult with other Counseling/Therapy staff to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- Missouri state law requires that staff of Hi Tech Charities who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must report this information to county child protection services.
- A court order, issued by a judge, may require the Hi Tech Charities staff to release information contained in records and/or require a therapist to testify in a court hearing.

I have read and discussed the above information with my therapist. I understand the risks and benefits of Counseling/Therapy, the nature and limits of confidentiality, and what is expected of me as a client of Hi - Tech Charities.

Signature of Client

Date

Hi-Tech Charities
Outpatient Behavioral Health Center
Release of Information

I. POLICY:

It is the policy of Hi-Tech Charities Behavioral Outpatient Center to ensure that all verbal and written information of persons served is released in a manner that protects the individual's right to confidentiality. Information may not be released without the individual's written permission, except as the law permits or requires. Hi-Tech Charities Behavioral Outpatient Center will make reasonable efforts to limit use, disclosure of, and requests for private health information to the minimum necessary to accomplish the intended purpose.

II. PROCEDURES:

Information may be released in written and/or verbal form. The release of information will occur upon receipt of an authorization determined as valid. Validity is determined by the presence of each of the following items:

- 1) The name of the person about whom information is to be released, including social security number.
- 2) The specific content of the information that is to be released.
- 3) The person to whom the information is to be released.
- 4) The signature of the person who is legally authorized to sign the release and the date on which the release is signed.
- 5) The expiration date of the authorization, not to exceed one year.
- 6) Information that defines how and when the authorization can be revoked.

B. Requests for Information:

- 1) All requests for information will be in writing.
- 2) Requests for information from an individual's record will be answered within _____ days from the date of receipt. If the information cannot be provided within this period, the requester will be informed in writing of the reasons for the delay and the anticipated date the information will be available.
- 3) Requests for records that have been incorporated into Hi-Tech Charities Behavioral Outpatient Center records from outside sources will not be released and the requestor will be encouraged to seek those records from their original source.

By affixing your signature below, you are stating you have been advised and understand the confidentiality policy and procedure of Hi - Tech Charities Outpatient Behavioral Health Center.

Client Signature: _____ **Date:** _____