

Patient Name: _____ Date of Birth: _____ Pt ID: _____

Behavioral Health Program Informed Consent

What to expect:

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems. Or, you may be here because your parent, guardian, doctor, or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you, and suggest a plan for improving these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed situations below.

Confidentiality Cannot be Maintained When:

- You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform the appropriate authorities of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
- You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform the appropriate authorities, and I must inform the person whom you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgment to determine whether appropriate authorities should be informed.
- Upon evaluation it is determined that you are gravely disabled and unable to make safe decisions for yourself or your minor child for whom you are responsible. I must inform the appropriate authorities to protect you and/or your minor child of possible harm.
- You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires such and orders that I give testimony. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.
- If child abuse of any kind is reported to your therapist including physical abuse, sexual abuse, emotional abuse, or child neglect
- If abuse of an elder is reported to your therapist including including physical abuse, sexual abuse, emotional abuse, financial abuse, or neglect of a vulnerable elder.
- **SHOULD we have any of the above concerns we are required by ethical guidelines and the laws governing behavioral health care to take some or all of the following steps to ensure your safety and/or the safety of others:**
 - A child, vulnerable adult, or elder abuse report made to the Department of Human Services in the county where you reside
 - A call to 911 or Colorado Springs Police Department to have emergency services make a health and welfare check on you or others.
 - A call to the police to make a Duty to Warn call if others have been threatened.

- Place you on an emergency mental health hold known as an M-1 in the State of Colorado. This step may also require that we also call an ambulance to have you transported to the nearest crisis services facility.

Patient Rights

As a therapy patient you have the following rights which will be observed by all Matthews-Vu Medical Group providers:

- You have the right to know the purposes, goals, techniques, procedures, limitations, and potential risks and benefits of treatment.
- You have the right to know the credentials, experience, expertise, and general approach of your provider.
- You have the right to refuse any treatment for any reason at any time. There may be some exceptions if there is an imminent and significant danger to yourself or others.
- You have the right to discontinue services at any time.
- You have the right to receive appropriate referrals, should you decide to terminate services.
- You have the right to know if your therapist is working on an interdisciplinary team and what roles are served on that team.
- You have the right to know about changes in approach and/or modality in your treatment and the purpose of that change.
- You have the right to request your medical files. This is generally facilitated through the medical records department and certain administrative fees may apply. Your therapist or counselor may temporarily withhold all or parts of these records under certain conditions when it would be harmful for your treatment for you to access them.
- You have a right to inquire as to the fees associated with your treatment. This may require that you consult with your insurance provider.
- You have a right to file a grievance if you feel you have been treated unethically or outside the bounds of standard ethics in the counseling profession.

The Therapeutic Relationship

Good therapy requires that there be a strong and trusting relationship between you (the patient) and the therapist. This requires that the limits of this relationship be explicitly stated. The therapeutic relationship is never to extend beyond the therapy setting. Therapists and client will not extend a relationship outside of professional boundaries, including friendships or romantic attachments. It is never appropriate for a patient and therapist to have a romantic relationship. It is not appropriate for therapists to maintain any type of virtual relationship with patients, including any social media relationship (Twitter, Facebook, Instagram etc.), personal emails, or use of personal phones for text messaging or phone calls.

It is also important to know that therapists are not permitted to treat their own family members, family members of colleagues, or their friends. In situations where a dual relationship is recognized, the therapist has an ethical responsibility to refer the patient to another provider. It should also be noted that therapists have an ethical responsibility to avoid conflicts of interests. Please ask your therapist if you are concerned about a conflict of interest within the therapeutic relationship.

Sharing Protected Health Information

While the practice of therapy/counseling requires strict adherence to confidentiality, there are several scenarios in which limited health information will be shared with other professionals.

- Clinical supervision is provided for your therapist and during this process the supervisor will learn of some of the information shared in sessions with your therapist. This is to ensure the highest quality care possible at Matthews-Vu Medical Group. This supervisor is also required to maintain confidentiality about your care.
- In order to coordinate care with other professional who you may see at Matthews-Vu Medical Group, and ensure you get the best treatment possible, some of your information may be shared with other providers in the practice.
- Diagnostic information, your progress, and treatment interventions may be shared with your insurance provider in order to receive authorization and payment of services.

Court Testimony and Scope of Practice Considerations

Please note it is common to assume that the therapist will give ‘clinical opinions’ during expert witness testimony or provide recommendations as to parenting plans, parenting time, or custody agreements. These areas are outside the scope of our practice and will be addressed as such if asked under oath. Therapists without special training and credentials are not qualified to make such recommendations or assertions. We will not speak to the ‘likelihood’ that an event, behavior, emotion, or action take place at any time in the future. We will not speak to the probability that such events, behaviors, emotions or actions take place at any point in the future. If ordered to testify therapists can speak only of the clinical facts of the case as verified or discovered during the course of therapy.

_____	_____	_____
Patient Name	Patient Signature	Date
_____	_____	_____
Parent Name	Parent Signature	Date
_____	_____	_____
Witness Name	Witness Signature	Date