**INFORMED CONSENT FOR BEHAVIORAL HEALTH/THERAPY**

This form documents that we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( “parents/guardian”), give our consent and agreement to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“therapist”) to provide therapeutic treatment to, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“patient”) and to include us, the parents, as necessary, in regards to the treatment.

While the parents can expect benefits from this treatment, they fully understand that no particular outcome can be guaranteed. The parents understand that they are free to discontinue treatment at any time, but that it would be best to discuss with the therapist any plans to end therapy before doing so.
The parents have fully discussed with the therapist what is involved in therapy and understand and agree to the policies about scheduling, fees and missed appointments. The discussion about therapy has included the therapist’s evaluation of present problems, the method of treatment, goals and length of treatment, and information about record-keeping. The parents have been informed about and understand the extent of treatment, its foreseeable benefits and risks, and possible alternative methods of treatment. The parents understand that therapy can sometimes cause upsetting feelings to emerge, and that problems may worsen temporarily before improving.

The therapist has told the parents whom to call if an emergency arises if the therapist is unavailable. Failure to follow through with therapist emergency recommendations may result in termination of services.

The parents have access to a copy of this form and a HIPAA Notice of Privacy Practices. A copy can be provided if the parents do not have access to the internet. The parents understand that information about therapy is almost always kept confidential by the therapist and not revealed to others besides the parents unless a parent authorizes such release. There are a few exceptions as noted in the HIPAA Notice of Privacy Practices. Details about certain of those exceptions follow:

1. The therapist is required by law to report suspected child abuse or neglect to the proper authorities.
2. If the therapist learns that he or she intends to harm another person, the therapist must try to protect the endangered person, including by telling the police, the person and other health care providers. Similarly, if self-harm is disclosed or health is in any immediate danger, the therapist will try to protect, including, as necessary, by telling the police and other health care providers, who may be able to assist.
3. If court proceedings are involved, the therapist may be required by law to reveal information about treatment. These situations include child custody disputes, cases where a patient’s psychological condition is an issue, lawsuits or formal complaints against the therapist, civil commitment hearings, and court-ordered treatment.
4. If health insurance or managed care plan will be reimbursing or paying the therapist directly, they will require that confidentiality be waived and that the therapist give them information about the treatment.
5. The therapist may consult with other healthcare professionals about treatment, but in doing so, will not reveal any personal, identifiable information unless specific consent to do so is obtained from a parent. Further, when the therapist is away or unavailable, another therapist may answer calls and will need to have access to information about the treatment.
6. If an account with the therapist becomes overdue and responsible parties do not work out a payment plan, the therapist will have to reveal a limited amount of information about a patient’s treatment in taking legal measures to be paid. This would include the names, social security number, address, dates and type of treatment and the amount due.

In all the situations described above, the therapist will try to discuss the situation with a parent before any confidential information is revealed, and will reveal only the least amount of information that is necessary.

The parents/legal guardians have rights to general information about the therapy such progress, information about any dangers present (self or others), and, upon request, copies of the treatment records (with certain qualifications and exceptions). The parents understand that it is usually best not to ask for specific information about what was said in therapy sessions because this might break the trust between patient and therapist, especially for adolescents over the age of 12.

The parents agree that in the event of custody or visitation hearings regarding any legal proceedings, each of the parents and their attorneys will not require the therapist to testify as any such action could interfere with the treatment provided. If such a proceeding does occur, a mental health professional will be appointed to perform such an evaluation, and/or to the attorneys, law guardian, if any, and the judge involved in the legal proceeding. Written information regarding, and/or the record of treatment will only be provided as required by law or upon the authorization of either parent.

Children with two parents have the best chance to benefit from therapy if both parents are involved and cooperate with each other and the therapist. If both parents are consenting to therapy:

* Each of us agrees that he or she will not end the therapy without the agreement of the other parent, and that if we disagree about the continuation of therapy, we will try to come to an agreement, by counseling if necessary, before ending therapy.
* We each agree to cooperate with the treatment plan. We understand that without mutual cooperation, the therapist may not be able to act in the best interests and may have to end therapy.
* We agree that each of us has, and shall continue to have, the right to be informed about the progress of treatment and have access to the treatment records of the therapist. We further agree that the therapist may release information or records to either of us without any additional authorization of the other.

If participating in a managed care plan, the parents have discussed with the therapist their financial responsibility for co-payments and the plan’s limits on the number of therapy sessions. If the parents are not participating in a managed care program, they understand that they are fully, financially responsible for treatment including any portion of the fees not reimbursed by health insurance. The therapist has also discussed options for continuation of treatment when managed care or health insurance benefits end. If uninsured, the parent will be informed of the sliding fee scale discount program available through CHANGE, Inc.

The parents understand that they have a right to ask the therapist about the therapist’s training and qualifications and about where to file complaints about the therapist’s professional conduct.

By signing below, the parents/legal guardians are indicating that they have read and understood this agreement, that they give consent to the therapist’s treatment, and that they have the proper legal status to give consent for therapy.

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| Signature of Parent/Legal Guardian |  | Date |
|  |  |  |
| Signature of Parent/Legal Guardian |  | Date |
|  |  |  |
| Signature of Patient (over 12 Years of Age) |  | Date |