

Client's Name \_\_\_\_\_

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

### **Informed Consent Information & Permission for Treatment**

Please review the information requested below. Your signature will indicate that you understand and accept the information contained in the "Informed Consent Information and Permission for Treatment".

#### **Welcome**

Thank you for seeking services at NewSong Counseling Center, Inc. We look forward to serving your mental health care needs through an array of services available to you, your child and/or your family. "Informed Consent" is a legal document that outlines our general services. If you would like a copy of your signed document, please ask your counselor.

#### **Provision of Services**

I understand that NewSong Counseling Center, Inc. offers a variety of clinical services to children, adolescents, and family/couples including: intake assessment, individual, crisis intervention, group counseling, supervised visitation, limited evaluations and testing, court testimony in the role of the person's mental health provider, workshops and referral. During the initial assessment, my counselor and I will work together to determine how best to serve my needs. I further understand that appropriate referrals will be provided to me if it is determined that I would be best served by another community resource.

#### **Nature of Services**

Persons contemplating counseling should realize that they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriage or significant relationships, such as with parents, friends, children, relatives etc. They may change employment and begin to feel differently about themselves and may change other aspects of their lives. While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

#### **Confidentiality**

I understand that NewSong Counseling Center, Inc. and counselors maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective counseling sometimes requires that staff members share confidential information with other staff members.

Professional ethics and Kentucky State Law indicate that confidential information is controlled by the client. This means that as a general rule, information shared in session with a counselor will be held in confidence. There are two exceptions to this general rule:

1. In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself, or another person. The counselor may breach the requirement of confidentiality.
2. Kentucky law requires that child abuse in any form be reported to the Department of Human Services or other authority such as a Juvenile Judge.
3. I also understand that any disclosure of any identifying information is bound by Title 42 of the Code of Federal Regulations (C.F.R.) Part 2, governing the confidentiality of alcohol and drug abuse patient records, as well as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. §§160 &164; and that redisclosure of this additional information to a party other than those designated above is forbidden without additional written authorization on my part.

In cases where members are being seen by multiple therapist(s) for individual therapy, it is understood and agreed upon that NewSong Counseling Center therapists will share necessary and pertinent information with one another. This information will only be shared when it is necessary for the individual and family health.

This practice and policy is put in place to ensure that you and your family are getting the highest level of quality care and ensures that we as an agency are following the Family Systems Model. When working with minors, if the parents of the minor have a legal separation or are divorced, a copy of the parenting plan may be requested.

If the parents of the minor have joint legal custody, both parents have equal rights to child information and to involvement in counseling at the discretion of the therapist.

If you are referred by a physician or other health professional, it is a professional courtesy to maintain contact, as necessary, with that referral source. That may be done unless you request otherwise.

**Attendance**

I agree that while I am seeing a counselor or participating in a group/workshop, whenever possible, I will notify the counselor at least **24 hours** in advance if I know I will miss a session. I understand that if I do not show for an individual session and do not call, it may count towards my allotted number of sessions for EAP services, where available. You may leave a message on our voicemail and or email.

**No Show/Late Cancel Policy**

I agree that I understand that NewSong Counseling Center has a 24-hour appointment cancellation policy, which states you must change or cancel your appointment at least 24 hours ahead of the scheduled time. We have a very high demand for our services and non-cancelled **"No Show/Late Cancel"** appointments translate into missed opportunities for others in need of timely services. Please feel free to clarify this policy with your counselor. **"No Show"** is defined as not calling to cancel your appointment or calling to cancel with less than 24-hour notice. There are a few exceptions such as a last-minute illness or emergency. Counselors may waive the charge at their discretion.

**Records**

Your records may be stored "on paper" and/or electronically and include the information you provided and information about any interactions (individual/group counseling, phone calls, consultation, emails, etc.) with our staff. This information is only accessible within our office and computer systems. All employees sign confidentiality agreements or are required to maintain your privacy and confidentiality according to their license and ethical standards. Your financial records, billing information, is separate from your medical information. You, as the client, may receive one free copy of your records. Any records provided to attorneys, or others will be copied at a cost 0.35 cents per page.

**Contact Us**

Each Counselor may provide their personal cellular phone number or email to contact them. The office number is available for messages. Email may **NOT** be a completely confidential means to contact us. Counseling is not provided over email. Email is generally used for scheduling appointments, sending therapeutic resources or very brief questions.

**Contacting You**

In order to keep my relationship with my counselor confidential, the best way to contact me, should the need arise, is noted on the signature page. I am aware that information exchanged over a cell phone and e-mail could be intercepted by an outside party.

**Telemental Health Services Informed Consent**

**Overview**

❖ You will need access to the certain technological services and tools to engage in telemental health-based services with your provider.
❖ Telemental health has both benefits and risks, which you and your provider will be monitoring as you proceed with your work.
❖ It is possible that receiving services by telemental health will turn out to be inappropriate for you, and that you and your provider may have to cease work by telemental health.
❖ You can stop work by telemental health at any time without prejudice.
❖ You will need to participate in creating an appropriate space for your telemental health sessions.
❖ You will need to participate in making a plan for managing technology failures, mental health crises, and medical emergencies
❖ Your provider follows security best practices and legal standards in order to protect your health care information, but you will also need to participate in maintaining your own security and privacy.

**What is Telemental Health?**

“Telemental health” means, in short, “provision of mental health services with the provider and recipient of services being in separate locations, and the services being delivered synchronously over electronic media.”

Services delivered via telemental health rely on a number of electronic, often Internet-based, technology tools. These tools can include videoconferencing software, email, text messaging, virtual environments, specialized mobile health (“MHealth”) apps, and others.

Your provider typically provides telemental health services using the following tools:

Hopscotch
Therapy Portal
The President has approved the use of Facetime and Skype during the COVID-19 crisis

You will need access to Internet services and technological tools needed to use the above-listed tools in order to engage in telemental health work with your provider.

If you have any questions or concerns about the above tools, please address them directly to your provider so you can discuss their risks, benefits, and specific application to your treatment.

**Benefits and Risks of Telemental Health**

Receiving services via telemental health allows you to:

Receive services at times or in places where the services may not otherwise be available.
Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.
Receive services when you are unable to travel to the service provider’s office.
The unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health.

Receiving services via telemental health has the following risks:

Telemental health services can be impacted by technical failures, may introduce risks to your privacy, and may reduce your service provider’s ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:

Internet connections and cloud services could cease working or become too unstable to use
Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery.
Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.

Interruptions may disrupt services at important moments, and your provider may be unable to reach you quickly or using the most effective tools. Your provider may also be unable to help you in-person.

There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between you and your provider at the time of service, and the technological tools used to deliver services. Your provider will assess these potential benefits and risk, sometimes in collaboration with you, as your relationship progresses.

**Assessing Tele-mental Health’s Fit for You**

Although it is well validated by research, services delivered via telemental health is not a good fit for every person. Your provider will continuously assess if working via telemental health is appropriate for your case. If it is not appropriate, your provider will help you find in-person providers with whom to continue services.

Please talk to your provider if you find the telemental health media so difficult to use that it distracts from the services being provided, if the medium causes trouble focusing on your services, or if there are any other reason why the telemental health seems to be causing problems in receiving services. **Raising your questions or concerns will not, by itself, result in termination of services.** Bringing your concerns to your provider is often a part of the process.

You also have the right to stop receiving services by telemental health at any time without prejudice. If your provider also provides services in-person and you are reasonably able to access the provider’s in-person services, you will not be prevented from accessing those services if you choose to stop using telemental health.

**Your Telemental Health Environment**

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. If it is impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to create a safe and confidential space, please ask your provider for assistance.

**Our Communication Plan**

At our first session, we will develop a plan for backup communication in case of technology failures and a plan for responding to emergencies and mental health crises. In addition to those plans, your provider has the following policies regarding communications:

The best way to contact your provider between sessions is email.
Your provider will respond to your messages within 24 hours. Please note that your provider may not respond at all on weekends or holidays. Your provider may also respond sooner than stated in this policy. That does not mean they will always respond that quickly.
Contact between sessions that involves <b>confirming or changing appointment times or billing questions/issues</b> can be delivered by text or phone call at 859-497-0594.

Please note that all text messages you exchange with your provider, e.g. emails and text messages, will become a part of your health record.

Your provider may coordinate care with one or more of your other providers. Your provider will use reasonable care to ensure that those communications are secure and that they safeguard your privacy.

**Our Safety and Emergency Plan**

As a recipient of telemental health-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with your provider.

**Your provider will require you to designate an emergency contact. You will need to provide permission for your provider to communicate with this person about your care during emergencies.**

Your provider will also develop with you a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your provider in the creation of these plans and that you follow them when you need to.

**Your Security and Privacy**

Except where otherwise noted, your provider employs software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

As with all things in telemental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with your provider, use devices and service accounts that are protected by unique passwords that only you know. Also, use the secure tools that your provider has supplied for communications.

**Recordings**

Please do not record video or audio sessions without your provider's consent. Making recordings can quickly and easily compromise your privacy and should be done so with great care. Your provider will not record video or audio sessions.

**Consent for Treatment**

I understand and agree to the limits of confidentiality as indicated above. I agree to hold NewSong Counseling Center harmless for any loss, cost or damages sustained by my spouse, child or me. By signing this form, I hereby authorize the therapeutic staff of NewSong Counseling Center, Inc. to assess, diagnose and treat mental health and or substance abuse problems for myself, my family and/or my child.

I certify that I have read, understand, and agree to abide by the information outlined above concerning mental health services. I hereby give my consent to authorize NewSong Counseling Center, Inc. to evaluate, treat, and/or refer me or my child to others as needed. I had the opportunity to discuss any questions regarding the above information.

_____	_____	_____
Client Signature	Date	Client (printed name)
_____	_____	_____
Parent Signature	Date	
_____	_____	_____
Parent Signature	Date	

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**Notice of Privacy Practices and HIPAA**

I, \_\_\_\_\_, have been informed of the HIPAA guidelines and have been offered a hard copy of the Notice of Privacy Practices for NewSong Counseling Center, Inc.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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**Preferred Methods of Contact:**

Is it okay to leave a message for you on:	Please circle all that apply	
Cell Phone		
-Voice Mail	Yes	No
-Text	Yes	No
Home Phone	Yes	No
Work Phone	Yes	No
Email	Yes	No

**Do you wish to receive appointment reminders?  
If so, which contact is your preference for the reminders?**

\_\_\_\_\_ Text    \_\_\_\_\_ Email

<p><b><u>For office use only</u></b></p> <p>We attempted to obtain written acknowledgement of receipt of our "Notice of Privacy Practices" but acknowledgment could not be obtained because:</p> <ol style="list-style-type: none"> <li>1. Individual refused to sign _____</li> <li>2. Communication barriers prohibited obtaining the acknowledgment _____</li> <li>3. An emergency- situation prohibited obtaining the acknowledgment _____</li> <li>4. Other (please specify) _____</li> </ol>
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