

## TREATMENT CONSENT

WELCOME TO THE CHILDREN'S PROGRAM! We look forward to assisting you with your goals. Here is some important information you should know BEFORE we begin to work with you/your child(ren)/family.

**STAFF AND OUR SERVICES:** The Children's Program is a private, multidisciplinary clinic. We help adults, families and children with social, emotional, developmental, and learning concerns. Based on information from intake forms/conversation, we schedule appointments for consultation, evaluation and/or treatment with an appropriate clinician. We email paperwork with forms to complete and return prior to your visit.

During the first appointment, your clinician introduces him/herself and, at your request, shares specifics regarding his/her education and training. You then clarify goals and agree how they will be reached. If you have difficulty describing clear goals for treatment, it is important to discuss this with your clinician. We will work with you to meet your/your family's specific needs. It is a collaborative process that is provided without a guarantee of satisfaction or results. You retain the right to request changes in treatment or to end treatment at any time. When medication is recommended, your doctor will discuss the risks, benefits, and alternatives. When accepting a prescription for medication, you agree to follow the prescribing physician's recommendations regarding ALL aspects of treatment. If we recommend referral inside the clinic, information will be shared between clinicians. If we recommend referral outside our clinic, we will attempt to provide you with alternatives. Treatment outcomes are important to us. As part of our coordination of care efforts, we may reach out to you at the end of treatment regarding your experience. This will be at no cost to your family.

**THE PRIVACY OF YOUR EVALUATION/TREATMENT IS IMPORTANT.** Information shared with clinicians is confidential. The Children's Program maintains a single chart to record services that are provided. We will maintain your chart for 7 years from the last date of treatment. Please be conservative and circumspect when requesting release of this protected health information (PHI). This is to preserve your child/family's privacy now and into the future as your child ages. Records we release at your request may be disclosed by other providers/agencies. We follow Federal and state regulations regarding the management and release of your protected health information. These guidelines balance the need for prompt and informed delivery of PHI while protecting the confidentiality of this information. A Release to Disclose Confidential Information is required. This form requires specifying PRECISELY WHAT information is to be shared, WHO shall receive it, for WHAT purpose and the DATES of the confidential information requested. In Oregon, the age of consent for treatment and release of mental health records is 14 years of age. We require the signature of a parent and request the signature of a client over the age of 14 years to release information in the treatment record.

With documented permission, we can communicate with other professionals on your behalf and provide evaluation reports and/or a summary of treatment. If under a special circumstance, release of additional information is requested, this will be reviewed after conferring with the client/family members and the requesting clinician/physician. There may be charges for photocopying and mailing records.

**ELECTRONIC COMMUNICATION INCLUDING EMAIL, FAX, AND TELEHEALTH VISITS PRESENT A POTENTIAL RISK TO CLIENT CONFIDENTIALITY.** Clients must be aware and acknowledge these risks. While email communication may be a convenient way to communicate it is not a replacement for a visit. Clinically relevant information exchanged by fax/email is a part of the clinical record.

**WE RESPECT THE RIGHTS OF A CHILD/PARENT/ADULT TO HAVE INFORMATION REMAIN PRIVATE BETWEEN THEMSELVES AND THEIR CLINICIAN.** If you have concerns about this, let your therapist know and a comfortable arrangement can be reached which allows therapy to progress, yet respects the rights of individuals. Please advise us in writing if you wish to be contacted only in a particular way. If consultation with other professionals on your behalf is necessary, your anonymity will be preserved. You and your therapist may determine that a walk-and-talk form of psychotherapy or outdoor therapy group is a preferred treatment modality, intermittently or regularly. By agreeing to participate outdoors in public places you acknowledge the risks of any general outdoor activity, assume these risks and do not have any known health problems or medical conditions that limit your ability to safely participate. You certify that you have adequate insurance to cover injury or damage and agree to bear the costs of such should this occur. Additionally, you are aware that there is a risk to confidentiality. This may include but is not limited to the possibility that a conversation may be overheard, or that you may encounter a person known to yourself or to the clinician, personally or as a mental health professional. You certify that all health and safety guidelines issued by the CDC or local health authority will be followed both inside the clinic and outdoors as mandated.

There are situations in which the law requires clinicians to make exceptions to the confidentiality of communications between client and clinician. These situations are:

- when there is suspected child, elder, or disabled abuse
- when there is threat of harm to self or others
- when medically relevant information is needed for emergency medical treatment
- when records are subpoenaed by order of a Judge, or if the client waives confidentiality
- when conducted at the request of an outside agency with the client's approval

**CHILDREN'S PROGRAM PERSONNEL WILL NOT PARTICIPATE IN LEGAL PROCEEDINGS/LAWSUITS.** Our goal is to support clients with achieving therapy goals, not to address legal issues. Clients entering treatment agree not to involve the Children's Program and their treating clinician in legal/court proceedings or attempts to obtain records of treatment/evaluation for use in legal/court proceedings. In the case of divorce, both parents have equal access to the information in the chart.



Signature of Client (clients age 14 years and above)

4/2021

8/2021