

Informed Consent for Assessment and Treatment

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By signing this form, you are consenting to receive services from Emuna Builders/Strides To Solutions. The type of services you receive will be determined following an initial evaluation and over the course of treatment. The goal of the initial assessment and additional recommendations is to determine the best course of treatment for you. Initial and subsequent recommendations will be discussed thoroughly with you. The initial evaluation is to determine the level of care. Strides To Solutions assessing and treating therapist will determine to continue services or not, based on clinical findings. Your assessment and treatment can be staffed with the acting clinical director or supervisor as well, as well as any providers within the agency for staffing purposes. Referrals will be provided if the clinical determination is made that Strides To Solutions will or can not continue services based on the clinical determination. This can be based on clinical and or administrators' discretion. Strides To Solutions and Strides To Solutions contractors/employees do have the right to refuse services/business. Every effort will be made to assist in continued care here at Strides To Solutions or proper referrals/resources will be made.

While treatment provides significant benefits, some people may experience some unexpected symptoms. Psychotherapy may elicit uncomfortable feelings and thoughts and medications may have unwanted side effects. You are encouraged to discuss these issues with your physician and therapist. We do not encourage texting or calling administrators, or your therapist for therapy (including any Crisis that may arise) that is unscheduled outside your appointment time. Your therapist could be in sessions and not available. Please journal your therapy questions/feelings until next appointment or call a crisis hotline or 911 if there is a psychiatric or medical emergency *Strides To Solutions does not offer a crisis hotline or after hour crisis team. Schedule an appointment by calling admin. if something arises before your next scheduled appointment. We will do what we can to accommodate

I have read and understand this statement of informed consent. I voluntarily consent to and assessment and/or treatment at Emuna Builders/Strides To Solutions with the knowledge of the above conditions.

X _____

(client signature)

Release of Information

Release of Information: Emuna Builders/Strides To Solutions may release information with your consent. Strides To Solutions may be required to release information regarding your assessment and/or treatment with your insurance company pertaining to authorization or medical necessity determinations. Clinical case information may be communicated to other health care professionals for the purposes of consultation and/or training, and such communications will be bound by the same professional and ethical guidelines regarding confidentiality. Your therapist may discuss your

treatment and case progress with providers within Strides To Solutions, as well as with the acting Clinical Director for care coordination and treatment review purposes. Releasing information to another health care professional outside of Strides To Solutions Solutions or family member for the purpose of coordination of care will take place only with your specific authorization.

Confidentiality

All records will be kept confidential and will be held in accordance with the state regulations regarding the confidentiality of such records and Personal Health Information. Privileged information will only be released upon the client's written authorization. The following are exceptions to the privilege of confidentiality:

1. All situations involving abuse or neglect, or suspicion thereof, of a child or elderly person must be reported to the appropriate protective agency.
2. If there is an imminent danger of harm to self or others, information may be released to the medical and/or law enforcement personnel for the coordination of emergency care.
3. Records must be released in accordance with any court proceedings, subpoenas, qualified audits, program evaluations or investigations authorized by state or federal regulations. Strides To Solutions does NOT accept court-related cases or conduct custody evaluation & can provide a referral for these

Group Confidentiality

Therapy is effective because individuals feel safe to share private information in a confidential atmosphere. It is important that every member of the group agree to uphold the confidentiality of the therapeutic setting. Members agree to keep names and identities of other group members confidential. Facilitators will discuss a group or individuals in the group only with fellow professionals who are clearly concerned with the group, and then only for professional consultation. If a member of the group has a therapist from outside of Emuna Builders/Strides To Solutions and there is need for consultation, it is important to note that only the individual's information that made the request will be identified; all other group members' information will be de-identified and kept confidential.

Access of Records

Access of Records: The laws and standards of the profession of psychology require maintenance of treatment records. Adult clients and legal guardians or minors, including managing and possessory conservators, have the right to access the record of the services provided to them or their child. If such access is determined to be of potential harm to a client, the information will instead be summarized or shared directly with an authorized health care professional.

Emergency/On Call Services

In the event of an emergency after hours please call 1-0-1 or proceed to the nearest hospital. Emuna Builders/Strides To Solutions Behavioral Health does NOT offer after hour's on-call services.

I have read and understand this statement of informed consent. I voluntarily consent to treatment at Strides To Solutions Behavioral Health with the knowledge of the above conditions.

X _____ x _____

(client signature)

(date)

X _____ x _____

(Parent's Signature (if client is a minor)

(date)