

# **HOLISTIC BEHAVIORAL SOLUTIONS**

<http://holisticbehavioralsolutions.com>

## **INFORMED CONSENT FOR ASSESSMENT AND TREATMENT(HIPAA)**

Name \_\_\_\_\_

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

Holistic Behavioral Solutions recognizes Shared Decision Making and Informed Consent as the cornerstones of client centered care. Therapists want their clients to make well informed choices, for effective informed consent, therapists provide a combination of decision making tools, including verbal communication and well written documents based on evidence-based research and psychotherapist's clinical expertise.

The type and extent of services that clients receive will be determined following an initial assessment of mental health needs and thorough discussion with the youth and family. The goal of the assessment process is to determine the best course of treatment for me. Typically, treatment is provided over the course of several weeks and months and as client centered care, is driven by the client and their family.

The Informed Consent Process occurs throughout care during which the plan of care for each client is continuously explored and explained. Each treatment plan is based on the individual clinician's training, competency, practice guidelines and legal requirements.

I understand that all information shared with the clinicians at HBS is confidential and no information will be released without my consent. During the course of treatment at HBS, it may be necessary for my therapist to communicate with other providers. While written authorization will not be requested, prior to any discussion with HBS providers, I understand that my therapist will discuss HBS communications with me. In all other circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.
- C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

I understand that a range of mental health professionals, some of whom are in training, provides HBS services. All professionals-in-training are supervised by licensed staff.

I understand that while psychotherapy and/or medication, may provide significant benefits, it may also pose risks. Psychotherapy may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. Medications may have unwanted side effects; these issues should be addressed with your treating provider. Participating in therapy may result in a number of benefits to client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Client, including an active participation in the therapeutic process, honesty, and a willingness to change. It is a collaborative process and there is no guarantee that therapy will yield any of the benefits listed above.

I understand that HBS may record therapy sessions. I understand that such recording(s) will be used only for educational purposes and that the professionals involved will respect and protect the confidential nature of the sessions. I understand that the tapes will be the property of HBS. I also understand that if I object to be videotaped, it will in no way jeopardize my relationship with HBS.

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**Appointments:** Therapy sessions are normally a 50 minute hour. Cancellations must be made 24 hours in advance; otherwise, Client is responsible for the session fee. Cancellation notice should be left on the voicemail at 6094681690 or via email.

**Professional Fees and Payments:** The agreed fee is per session. Therapist and Client will discuss and establish our fee at the outset of treatment, and any fee change will be negotiated in good faith. Payment is expected at the time of each session, unless we agree otherwise.

**Telephone Accessibility:** Therapist will make every effort to return Client's call within 24 hours of when Client makes it with the exception of weekends and holidays. Therapist is unable to provide 24- hour crisis service. Should Client have a true clinical emergency that requires immediate attention, Client will need to call 911 or go to the nearest emergency room.

**Termination of Therapy:** Therapist reserves the right to terminate therapy at her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, conflicts of interest or if Client needs are outside of therapist's scope of competence or practice. Upon either party's decision to terminate therapy, Therapist will generally recommend that Client participate in one termination session which is intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work.

**Record Keeping:** Therapist will take notes during session, and will also produce other records regarding treatment. These notes constitute Therapist's clinical and business records, which by law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter her normal record keeping process at the request of any client. Should Client request a copy of Therapist's records; such a request must be made in writing. Therapist reserves the right, under New Jersey law, to provide Client with a treatment summary in lieu of actual records.

Finally, Client has the right to expect that Therapist will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with Client, all of which would greatly compromise our work together. Therapy involves a partnership between Therapist and Client. As Client's therapist, Therapist will contribute knowledge, skills and a willingness to do her best. The determination of success, however, will ultimately depend upon Client's commitment to own growth. Client's signature indicates that Client has read and understood this information, and agrees to abide by its terms during our professional relationship.

If I have any questions regarding this consent form or about the services offered at HBS, I may discuss them with my therapist. I have read and understand the above. I consent to participate in the evaluation and treatment offered to me by HBS. I understand that I may stop treatment at any time. I further acknowledge that I have been given a copy of this consent.

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Signature

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Date