## 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.

IF YOU ARE RECEIVING SERVICES UNDER A HEALTH INSURANCE CONTRACT, your policy may limit behavioral health coverage to "medically necessary" procedures (for acute symptom relief). It is the responsibility of the clientt/family to ensure all necessary authorization is current. Your provider has an agreement with your insurance company to provide services within the limitations of these conditions. Information may be required by your insurance company to process a claim. They may require release of information about your treatment. Your file may be reviewed for quality assurance by the Children's Program or your insurance company. If this is the case, we will follow all procedures to protect the confidentiality of your record. Some concerns you want to address in therapy may not meet the conditions of your insurance coverage. Should you want to receive treatment for a non-covered condition, your therapist will discuss options with you.

FEES/PAYMENT: Fees are billed on an hourly basis and vary by discipline/procedure. We provide an estimate of the fee(s). We will inform you if this changes. In some cases, we will bill your primary health insurance directly. HOWEVER, THIS DOES NOT GUARANTEE COVERAGE. Health insurance plans vary in mental health coverage. Please read our FINANCIAL POLICY. A copy of the policy is available on our website. We require that you read/sign the Child Information and Consent for Healthcare Operations forms prior to initiating evaluation/treatment. We require payment of the fee(s) owed at each appointment. We require you to provide and maintain a valid credit card number on our secure platform. The fee owed will be charged to that credit card with a \$1 administrative fee. Balances remaining after 90 days may incur a late fee if you have not called us regarding arrangements for payment.

APPOINTMENT REMINDERS of upcoming appointments are attempted but not guaranteed. Clients may schedule return visits when in the office or by phone. Treatment is considered concluded if a period of 120 days or greater has passed since the last appointment unless otherwise specified by your clinician.

To cancel a scheduled therapy appointment, please call during office hours and give at least 48 business hours' advance notice. To cancel an evaluation appointment, please notify us at least one week in advance. We may elect not to reschedule evaluations cancelled without sufficient notice. A mandatory fee of up to 100% of the charge may be assessed for missed appointments or appointments cancelled without sufficient notice. Cancellations left on voicemail after business hours will be considered received as of the next business day. Reminder phone calls are not guaranteed. You will be charged for telephone/email consultation outside a session or a cancellation without sufficient notice. This is billed at the clinician's hourly rate and is not reimbursable by a health insurance company. Same day requests for refills of prescriptions incur a \$10 charge. If a clinician is required to testify on a client's behalf court preparation/travel/testimony will be billed at \$200 per hour. In the unlikely event that your account is referred to a collection agency or small claims court, we will release your name, address, phone number, social security number, and amount owed. You will be notified in writing if this is to occur.

EMERGENCIES: Office phones are answered between 8:00 a.m. and Noon and 1:00-5:15 p.m. Monday through Thursdays and between 8:00 a.m. – Noon and 1:00-3:30 p.m. on Fridays. The office is closed on Fridays during July and August. Messages may be left on the voicemail at any time. Our clinicians will attempt to return your call within 24 hours. If you feel you have an emergency situation that cannot wait until the office re- opens, please call the Answering Service at (503) 294-1309. They will make every effort to contact your clinician; however, it is possible that your clinician may be unavailable or unreachable. Families needing immediate attention are advised to contact the Emergency Room of the nearest hospital.

GRIEVANCE PROCEDURE: If you have concerns regarding these policies, please discuss them with your clinician during your initial session. Should you feel dissatisfied with your treatment for any reason, please talk to your clinician. If you and your clinician are unable to resolve the problems, you may submit a written letter of concern to our Clinic Administrator. You will receive notice of action taken within 10 working days.

BY FURNISHING MY EMAIL ADDRESS, I ACCEPT THE RISKS AND CONSENT TO THE USE OF EMAIL TO COMMUNICATE.

| Email Address:  I HAVE READ AND UNDERSTAND THE ABOVE I CONSENT AND AGREE TO TREATMENT. | NFORMATION.I |               |
|--|--------------|---------------|
| Name of Client -Please print/type  |              | Date of Birth |
| Name of Parent/Guardian/Legal Representative -Please                                   | print/type   |               |
| Signature (Parent/Guardian/Legal Representative  | Date         |               |
| Relationship to Client   |              |               |

4/2021