Informed Consent Form: Your Rights and Our Policies

Welcome to The Center for Connection. Before we get started, we'd like to review what you can expect during the therapeutic process, and outline some of our policies. We apologize for the length of this form, but we want to fully inform you about your rights, and our procedures, from the very beginning. This form is an agreement between you and your independent therapist, whose signature appears at the bottom of the agreement. If you have any questions, feel free to discuss them with your therapist at any time.

Therapy is often helpful to people. It can help you gain a better understanding of your personal goals and values, improve relationships, and help you with difficult emotions. Effort on your part and a willingness to try to be honest with yourself, your therapist, and any participating family member will make it more likely that you'll see meaningful change as a result of therapy. If you are a parent bringing your child to therapy, it's important to note that you are a vital part of the process. Supporting your child, collaborating with your child's therapist, and being involved in the therapy will maximize therapeutic gains and increase the likelihood of lasting benefits.

Therapy is not without its risks. Sometimes you or your child may feel considerable discomfort in therapy. Resolving difficult issues and learning to regulate intense emotions through therapy can bring on strong feelings, such as anger, sadness, or fear. Your child's therapist will be a valuable resource in helping you support them though this process. Additionally, trying to resolve issues within your family may result in disruptions or changes that were not originally intended. Like any professional service, therapy may not work, and for a relatively small number of people, problems may get worse. Even so, many people find that the benefits of therapy outweigh the risks.

You will initially meet with your therapist for a few sessions while they gather information and conduct an evaluation of your concerns or symptoms. If you are a parent, it's usually helpful to have a session with your child's therapist prior to their meeting with your child; during this time, your child's therapist will ask questions about your child's developmental history and current difficulties. Following this intake portion, your therapist will discuss initial impressions of the concerns that brought you to therapy, and the kind of treatment that seems fitting. If you and your child feel comfortable with your therapist, you will then work on developing goals together.

MULTIDISCIPLINARY TEAM OF INDEPENDENT PROFESSIONALS

The Center for Connection itself does not provide or perform therapeutic, psychological, or other professional services for which a license is required. Rather, the Center for Connection brings together carefully selected independent expert practitioners from various fields—psychology, social work, marriage and family, pediatrics, neuropsychology, educational therapy, occupational therapy, parent education, nutrition, and so on—with each practitioner offering a Whole Child perspective, grounded in the science of interpersonal neurobiology. Any professional services for which a license is required are provided solely and directly by the licensed practitioners through their independent professional service businesses. These licensed practitioners, including your therapist, are independent contractors, and not employees of the Center for Connection. Families who visit will receive multidisciplinary treatment from one or more such independent professionals that is consistent, well informed, relationally based, and always aimed at helping them thrive. These professionals will consult with one another about clients as part of the multidisciplinary team format. The team includes both licensed and pre-licensed therapists in the fields listed above.

By signing this document, you are consenting to release of confidential information, including any written reports you provide, among the independent Center therapists as part of you or your child's therapy, and allowing the CFC to handle your financial information in the form of checks and credit cards. If you have concerns about the multidisciplinary format, please discuss them with your therapist.

CONFIDENTIALITY

Within the limitations articulated in this document, the information you reveal to us during our professional relationship will be kept confidential and will not be released to anyone without your written consent. However, certain conditions do require that confidentiality and privileged communication be breached, including: 1) if there is reason to believe that you represent a danger to yourself; 2) if there is reason to believe that you represent an imminent danger to another person; 3) if there is reason to believe that child abuse or neglect is present; 4) if there is reference to online sexual messages containing images of or being sent to minors; 5) if there is reason to believe that elder abuse is present; 6) if a legitimate court order is issued; 7) if the treatment is ordered or is under the supervision of the court.

Confidentiality in Child/Adolescent Therapy

Since your child is still a minor, their right to confidentiality is also limited by our legal right to share information with their parents. However, since an effective therapeutic relationship often involves the provision of a safe place to confidentiality discuss difficulties in one's life, it is best if you (the parents) and your therapist agree in advance regarding what type of information will be shared. In general, we believe it is important to inform a child's parents if the child is involved in any activity that is seriously harmful to themselves, but we may not reveal information if such activity does not seem to present an imminent risk of harm. For example, if a child reveals that they have been regularly operating a motor vehicle while under the influence of a substance, we would discuss with the child how best to inform their parents of this activity (e.g. either the clinician tells them, the child tells them, or we do it together). However, if the child revealed a one-time experimentation with marijuana, we may not inform the parents.

Communicating with other adults

School: Your child's therapist will not share any information with your child's school unless they have your written permission as parents. Sometimes they may request to speak to someone at your child's school to find out how things are going. Also, it may be helpful in some situations for the therapist to collaborate with your child's teacher or school counselor. If the therapist wants to contact your child's school, or if someone at the school wants to contact the therapist, they will discuss it with you as parents/guardians first and ask for your written permission.

Doctors: Sometimes your child's treating physician and the therapist may need to work together; for example, if your child is taking medication in addition to seeing a counselor or therapist. The therapist will get written permission from you as parents/guardians in advance to share information with your doctor. The only time the therapist will share information with your child's doctor without permission is if your child is doing something that puts them at risk for serious and immediate physical or medical harm.

Release of Information

If you ever want your therapist to share information with someone else (for example, your physician, an attorney, or an insurance company), your therapist will ask you to sign a consent form for the release of confidential information.

PRIVACY PRACTICES (HIPAA)

The following paragraphs outline how the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) affects how records here are kept and managed. The services you are receiving here concern your psychological status, a most private and intimate component of your life. Therefore, protecting your privacy is of utmost importance. The ensuing paragraphs explain how, when and why we may use and/or disclose your records which are known under the HIPAA legislation as "Protected Health Information" (PHI). Your PHI consists of individually identifiable information about your past, present, or future health or condition and the provision of and payment for health care to you. We may also receive your PHI from other sources, i.e. other health care providers, attorneys, etc. You and your PHI receive certain protections under the law. Except in specified circumstances, we will not release your PHI to anyone. When disclosure is necessary under the law, we will only use and/or disclose the minimum amount of your PHI necessary to accomplish the purpose of the use and/or disclosure.

If you are receiving any type of psychotherapy service, your PHI is typically limited to basic billing information placed in a file in our office and also on a computer in the form of an electronic document. Clinical notes taken after sessions are known as Psychotherapy Notes and are not part of your PHI. Except in unusual, emergency situations, such as

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child abuse, homicidal or suicidal intention, your PHI will only be released with your specific Authorization.

In accordance with the HIPAA act and its Privacy Rule (Rule), your PHI may be used and disclosed for a variety of reasons. Again, however, every effort is made to prevent its dissemination. For most other uses and/or disclosures of your PHI, you will be asked to grant your permission via a signed Authorization, which is a separate form. However, the Rule allows for certain specified uses and/or disclosures of your PHI. These consist of the following:

1. Uses and/or disclosures related to your treatment, the payment for services you receive, or for health care operations:
    a. For treatment: We might conceivably use and/or disclose your PHI to psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to you – but only with your specific Authorization. The only conceivable reason that a specific Authorization might not be obtained would be in the case of a medical emergency.
    b. For payment: We may use and/or disclose your PHI for billing and collection activities without your specific Authorization. It is important for you to be aware that there are some family members who participate in billing and administrative duties.
    c. For health care operations: We may use and/or disclose your PHI in the course of operating the various business functions of our office. For example, we may use and/or disclose your PHI in order to do third party or insurance billing without your Authorization.
2. Uses and/or disclosures requiring your Authorization: Generally, our use and/or disclosure of your PHI for any purpose that falls outside of the definitions of treatment, payment and health care operations identified above will require your signed Authorization. If you grant your permission for such use and/or disclosure of your PHI, you retain the right to revoke your Authorization at any time except to the extent that a disclosure might already have been made.
3. Use and/or disclosures not requiring your Authorization: The Rule provides that we may use and/or disclose your PHI without your Authorization when existing law requires that we report information including each of the following areas:
    a. Reporting abuse, neglect or domestic violence: We may use and/or disclose your PHI in cases of suspected abuse, neglect, or domestic violence including reporting the information to social service agencies.
    b. Judicial and administrative proceedings: We may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process.
    c. To avert a serious threat to health or safety: We may use and/or disclose your PHI in order to avert a serious threat to health or safety. For example, if we believed you were at imminent risk of harming a person or property, or of hurting yourself, we may disclose your PHI to prevent such an act from occurring.

The HIPAA Privacy Rule grants you each of the following individual rights:

1. In general, you have the right to view your PHI that is in our possession or to obtain copies of it. You must request it in writing. You will receive a response from us within 30 days of our receiving your written request. Under certain circumstances, such as if we fear the information may be harmful to you, we may deny your request. If your request is denied, you will be given in writing the reasons for the denial. We will also explain your right to have our denial reviewed.
2. You have the right to ask that we limit how we use and disclose your PHI. While we will consider your request, we are not legally bound to agree. If we do agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make.
3. It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method, e.g., email. We are obliged to agree to your request providing that we can give you the PHI in the format you requested without undue inconvenience.
4. You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented, e.g., those for treatment, payment, or health care operations. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The

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list will include the date of the disclosure, to whom PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no cost, unless you make more than one request in the same year, in which case we will charge you a reasonable fee for each additional request.

5. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that we correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. We may deny your request in writing if we find that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other ourselves. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If we approve your request, we will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI.
6. You have the right to get this notice by email. You have the right to request a paper copy of it as well. If you believe that we may have violated your individual privacy rights, or if you object to a decision we made about access to your PHI, you are entitled to file a complaint by submitting a written complaint to us. Your written complaint must describe the acts and/or omissions you believe to be in violation of the Rule or the provisions outlined in this Privacy Practices section. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services (Secretary) at 200 Independence Avenue S.W., Washington, D.C., 20201. However, any complaint you file must be received by us, or filed with the Secretary, within 180 days of when you knew, or should have known, that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

GENERAL POLICIES

Fee Information - Rates: Your therapist will discuss with you their individual fees. If they decide it is necessary to adjust fees, they will discuss it with you beforehand. Please note that time needed for phone calls, emails, or other correspondence with your therapist or by your therapist will be billed in 15 minute increments.

Fee Information – Payment & Insurance: The CFC does not work directly with insurance providers. Payment—preferably with cash or a check—must be made at the time services are rendered. If you have insurance, your therapist can provide a Superbill outlining fees and services received. Please work out the details with your therapist.

Cancellations: If you are unable to keep an appointment, please notify your therapist immediately. If an appointment is missed or cancelled without 24 hours prior notice, you will be charged a full fee for the session. Individual therapists may bypass this policy in exceptional situations. However, we will ask that you keep a credit card on file, and as a rule, it will be charged for each missed appointment without 24 hours notice.

Emergencies: If you urgently need to speak with your therapist, please contact her or him via telephone or email and leave a message; your message will be returned in a timely manner. ***In case of a life-threatening emergency, call 911 or proceed immediately to your nearest Emergency Room.*** Once the situation has stabilized, please contact your therapist to update them as soon as possible.

Shared Space: We see lots of children at the CFC. If your child is sick or has lice, ringworm, or some other contagious illness, please discuss with your clinician before brining them into session. Thank you for understanding.

Vacations and Holidays: Your therapist may on occasion be unavailable due to vacation, holidays, or personal emergencies. During that time, they will arrange for another Center clinician to cover for their practice. If it is a non-emergency situation, your therapist will discuss the arrangement with you in advance, and if necessary, introduce you to the covering clinician.

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Questions: Please feel free at any time to communicate any questions or concerns with your therapist. Therapy is a relationship rooted in trust, and it is vitally important to have clear, open lines of communication between client and therapist. You are encouraged to ask questions about therapy, your therapist's professional background, techniques, suggestions, what you can expect to happen in your sessions, and any of our Center policies and procedures. In the unlikely event that problems arise that cannot be resolved, your therapist can provide appropriate referrals.

Acknowledgement and consent

Your signature below indicates that you have read and understood the information provided here, and that you agree to these terms. Additionally, you are consenting to treatment for yourself or your minor child. This is an agreement directly between you and your independently licensed therapist.

IMPORTANT: All fields must be filled out. *If one blank doesn't apply to your situation, just type "NA."

Contact/Personal Information:

Name_____

Address_____

City, State, Zip_____

Phone_____ Email_____

Birthdate_____

Name of Minor_____ Date of Birth_____

In case of emergency, contact (name) _____ (phone) _____

Who referred you, or how did you hear about us?_____

I give permission to be contacted via text, voicemail, and email. Please type either "Yes" or "No" – or feel free to provide details about how you would like to receive information: _____

_____

Payment Information:

Credit card number_____ Expiration_____ Verification code_____

Name on credit card: _____

Signature:

Parent or Client Signature_____ Date_____

(If a couple is signing, please add both names here, as in "John Doe and Jane Doe.")

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