

Informed Consent for Psychotherapy

By signing this form I acknowledge that I have carefully read the following information and understand it. I am capable of giving consent. I can request a copy of this form.

Psychotherapy has unknown risks and benefits. If therapy is to be helpful active participation of clients is required both during meetings and at home. Therapy can lead to a reduction in personal distress, resolution of specific problems and improved interpersonal relationships. However, there are no guarantees of this. Sometimes therapy can result in difficult feelings, recalling unpleasant events in your history or increased tension or conflict between family members. You should give this special consideration if there has been any abuse or violence in your history.

Your therapist will not make important life decisions for you such as whether to divorce, stay married, or how to relate to extended family members. He/she will help you explore options based on clinical information, research, experience and observation about your particular situation. However, the final decisions are always yours.

You have a right to participate in the formulation of your treatment plan and be informed about alternate methods of treatment. You are free to seek an opinion from another provider or to end treatment at any time. Your therapist may refer you to another provider if your concerns do not fall into his/her areas of expertise or there is any conflict of interest that may complicate your treatment.

You have a right to inspect and obtain a copy of your health care record. This request for access to your health care record must be submitted in writing to the Privacy Officer. This does not apply to certain types of psychotherapy notes and HDA may charge a reasonable fee for a copy of your health care record.

You have a right to request an amendment to your health care record if you believe your health information is incorrect or incomplete. You may be asked to make this request in writing and state the reason why your health record should be changed. For example, if you believe that information in your medical history is incorrect, such as your birth date, you may request that this information be amended.

Red Feather Therapy & Consulting, and Kip Zirkel, PhD are separate business entities and are not legally connected with HDA.

HDA does not offer emergency services. If you have an emergency, go to the nearest hospital emergency room or call local law enforcement. In the La Crosse area you can also call 211 which is a crisis line. Do **not** leave a voice mail message in an emergency as there is no assurance your call will be received and returned in a timely manner.

CONFIDENTIALITY/PRIVACY POLICY

The following describes how medical information about you may be used and disclosed and how you can get access to this information.

As required by HIPPA and the State of Wisconsin, we take careful steps to protect the privacy of your medical information. The information regarding your condition and treatment will be kept confidential except in the following situations:

1. Clerical and billing staff will have access to your records to maintain files and perform billing functions. Agency staff may share information with one another in clinical consultation.
2. Health insurance companies require a minimum of a procedure code and diagnostic code in order to process your claims. By signing the consent to treatment you are agreeing that we can release requested information to your health insurance carrier.
3. In the event you are in a therapy session with another person/s, you waive your right to confidentiality to those who are in sessions with you. If you later request copies of your treatment records you will not receive notes from sessions that included another person unless that person also signs consent to release information for those sessions.
4. If you sign a form requesting that we release information to a third party.
5. If a court or regulatory board orders your records be released.
6. If your therapist suspects that a child is being abused or if you are considered to be a threat to harm yourself or another person. In these cases information will be released to the proper authorities without your consent.
7. HDA may use or disclose your health information in the provision, coordination or management of your health care. Clinic staff members can disclose information if they are consulting each other in relation to your care and treatment.
8. HDA may contact you to remind you of an appointment. This includes leaving a voicemail message.
9. You have a right to complain to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated.
10. The agency privacy officer is Patricia B. Richgels and you can talk with her about any concerns or questions you have about privacy.
11. If you correspond by e-mail with your therapist your privacy cannot be guaranteed with regard to those communications.

I acknowledge that I have read and understand the information described above. I authorize HDA to provide treatment. I understand I may withdraw my consent at any time.

Signature

Parent signature if minor

Date

E-mail Authorization/Correspondence Policy

Notification of Privacy Risk: Please be advised that email transmissions are capable of being intercepted, so any confidential information that is sent or received cannot have its privacy guaranteed. By requesting an emailed response you are acknowledging that you are aware of the risks to your privacy and indicating that you will take responsibility for any related consequences.

Please sign below if you would like to authorize correspondence via our office e-mail hdacounseling@gmail.com, & accept the e-mail policy terms:

Signature

E-mail

Date

HUMAN DEVELOPMENT ASSOCIATES GRIEVANCE PROCEDURE

If you feel that you have a problem or grievance with the treatment you have received at HDA you may file a grievance.

Grievance Resolution Stages

Informal Discussion

You can discuss your grievance with your therapist and attempt an informal resolution.

Formal Grievance

You can file a written or verbal grievance within 45 days of the time you are aware of the grievance. You can submit your written grievance to the program manager who will investigate the matter and attempt to resolve it.

If your grievance is not resolved, the agency's Client Rights Specialist will investigate your grievance and attempt to resolve it. Unless the grievance is resolved informally the CRS will write a report within 30 days of the date that you filed the formal grievance. You will receive a copy of the report.

If you and the program manager agree with the CRS's report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.

If the grievance is not resolved by the CRS's report, the program manager shall prepare a written decision within 10 day of receipt of the CRS's report. You will receive a copy of the decision.