

HILL COUNTRY COMMUNITY CLINIC
Behavioral Health Services

GENERAL INFORMATION AND CONSENT FOR TREATMENT

Welcome to Hill Country Community Clinic. The decision to seek professional help for a personal or family problem is often a difficult one. We respect your courage in this decision we look forward to working with you. Our behavioral health staff includes professionals trained to evaluate and provide counseling and psychotherapy to individuals, families, and groups. The purpose of these services is to help you or your family address problems and make changes that will enable you to achieve more satisfaction and success in your various life roles and relationships.

The following guidelines will help to establish a framework for your relationship with your therapist. If you have any questions about anything cited in these guidelines, please discuss them with your therapist.

WHAT TO EXPECT

Risks and Benefits: Participating in therapy can have a variety of risks and benefits. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as sadness, guilt, anger, loneliness and helplessness. Attempting to resolve issues between relationship partners, family members, and other individuals can also lead to high levels of discomfort and may result in changes that were not originally intended. On the other hand, psychotherapy can also result in a variety of benefits to you, including a better understanding of your personal goals and values, a resolution of the specific concerns that led you to seek therapy, improved interpersonal relationships, and significant reductions in feelings of distress. There are no guarantees of what you will experience, but your therapist will work with you to ensure that your treatment is as beneficial as possible.

Length of Therapy: The first few sessions typically involve an evaluation of your needs. During this time you will both decide if the therapist is the best person to provide the services you need. By the end of the evaluation sessions, your therapist will be able to offer you some first impressions of what your work will include and a treatment plan, including an estimated length of time for treatment. This will enable you to make an informed decision about your participation as therapy can involve a large commitment of time, money and energy. You should be sure that you are willing to make such a commitment. If you are uncomfortable with any of your therapist's practices, we encourage you to speak directly with him/her about your concerns. Your therapist will take your concerns seriously and respond with care and respect. If your doubts persist, we will be glad to refer you to another mental health professional.

AVAILABILITY

Appointments: Appointments may be scheduled Monday through Friday during regular business hours. If you need to speak to your therapist between sessions, the front office staff answers the phone and they can connect you with your therapist or take a message. Therapists will not answer phone calls when they are in session, but will call back as soon as possible. Telephone calls should be brief, as they are not meant to take the place of an appointment. If your call is to adjust an appointment time, please speak to the front office staff.

Emergencies: If you are experiencing an emergency, you must be willing to accept responsibility for your own safety. This may include going to your local hospital emergency room, contacting another health care professional that you may be working with, calling Help Line at 1-800-821-5252 or calling 911. If your therapist will be unavailable for an extended time, he/she will provide you with the name of a colleague to contact during crises.

YOUR RESPONSIBILITIES

Therapy Appointments: Appointments generally occur on a regular or routine basis, usually weekly or every other week, for 45 minutes. In a sense, you have a contract whereby you have the exclusive use of your therapist's time for your scheduled appointment. *In the event that you are unable to keep your appointment, we ask that you cancel as soon as possible so that the session time will be available for someone else.* If you are late for your appointment, you will be given the remainder of the time period that was originally scheduled. If you would like to discuss an issue that may require longer than the time allotted, please request a longer appointment.

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Physical Health and Referrals: Your physical health can have a profound influence on your emotional well being. For this reason, you are strongly encouraged to follow up on referrals for any additional services your therapist suggests. It is recommended that you have a physical examination to rule out any physical conditions causing or exacerbating your current emotional state. Similarly, it is your responsibility to keep current with your physical condition by receiving medical check-ups and/or care. It is also your responsibility to inform your therapist of any medications you are taking or changes in your medication, especially those involving psychotropic medications.

Payment for Services: We accept many forms of insurance, including Medi-Cal and Healthy Families, and offer a sliding scale fee to accommodate qualified clients who are uninsured. The fee is based on total household income and number of dependents. A 10% discount is given for persons who pay at the time of service. Payment can be made by cash or check. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Our office staff can help you obtain the benefits to which you are entitled. However, you are responsible for payment of copayments or fees not covered by your insurance. Therefore, it is important that you learn about the mental health coverage you have with your insurance company. Note: Managed Health Care plans often require you to obtain authorization from them before you schedule an appointment for mental health services.

OTHER INFORMATION

Physical Touch and Sexual Contact: For some people, talking about sexual thoughts or feelings may be a part of therapy, but a sexual relationship between a client and psychotherapist is never okay. Knowing this helps many people feel safer when they discuss sexual feelings. If you ever have any questions about this professional ethic, please talk to your therapist or request the information booklet entitled "Professional Therapy Never Includes Sex." A related issue is hugging or holding. Some therapists are comfortable with these practices, and some are not. To prevent any misunderstandings, other than a handshake, any physical contact between you and your therapist should be discussed openly and agreed upon.

Use of Alcohol or Drugs During Sessions: You are asked to refrain from using alcohol and/or non-prescription drugs prior to your scheduled psychotherapy sessions. One aspect of therapy is to evaluate your emotional functioning on a regular basis. If you alter your emotional state with intoxicants, your therapist may misinterpret your abilities and needs and your therapy may be less effective.

Termination of Treatment: Termination of therapy occurs when the goals of treatment have been achieved or when either you or your therapist believes it is in your best interest. Termination may be a valuable part of your therapy experience and should not be taken lightly. We ask that you meet for at least one session after making the decision to terminate.

Right to Refuse Treatment: You have the right to choose not to receive therapy at Hill Country Community Clinic at any time. If you choose this, we will provide you with names of other qualified professionals whose services you might prefer. You also have the right to ask any questions and/or refuse any requests, suggestions, or techniques used during therapy.

My signature below indicates that I have read this statement, or had it read to me, and consent to treatment by Behavioral Health Services staff at Hill Country Community Clinic

Signature

Date

For Minors, Signature of Parent /Guardian (please state relationship)

Date

Witness: _____

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CONFIDENTIALITY AND PRIVACY

Other than where stated below, the information you share with your therapist or any staff at the Hill Country Community Clinic is completely confidential, and will not be shared with anyone without your written permission (or your parents' permission if you are under 18 years old). Even when you have signed a Release of Information form our staff will always act so as to protect your privacy by providing only the minimum amount of information required. You may authorize your therapist to share information with whomever you choose, and you can change your mind and revoke that permission at any time.

LIMITATIONS ON CONFIDENTIALITY: There are exceptions to the confidential rights discussed above. Disclosure may be authorized or required by law in the following circumstances:

- If your therapist hears about or suspects child abuse or elder abuse, he/she is required to report this to the appropriate authorities.
- If your therapist learns from you or a family member that you intend to hurt or kill someone, and there is good reason to believe that you will follow through, he/she must attempt to warn that person and contact the police.
- If your therapist learns that you intend to kill yourself and you are unwilling to take steps to guarantee your safety, he/she and/or other staff must take steps to keep you safe, including calling the police or the county crisis team.
- According to the Health Care Information Act of 1992, during an emergency situation your therapist may legally speak to another health care provider or a member of your family about you.
- If you request the information directly, or if the court rules that subpoenaed information is not privileged.

COUPLES/FAMILIES: In couples or family therapy, please be aware that any information shared with your therapist will be disclosed to your partner or family if they are participating in treatment with you. Your therapist will not agree to hold secrets on any one person's behalf. If you feel something should not be shared with your partner/family, please do not share that information with your therapist. In these instances, it may be most appropriate for you to seek the support of an individual therapist who is independent of your couple's/family's treatment.

GROUPS: If you participate in group therapy at Hill Country Community Clinic you are expected to maintain complete confidentiality regarding information divulged by other group members.

CHILDREN AND ADOLESCENTS: Legally and ethically, a minor is generally entitled to a confidential relationship with a therapist. However, parent(s)/guardian(s) do have the right to waive this privilege, except in special circumstances, such as when the minor is a victim of a crime or when the therapist is seeing the minor without parental consent. Therapists can treat minors, age 12 or older, without parental permission when the minor would be a danger to self or others without treatment or is a victim of child abuse. At Hill Country Community Clinic, direct parental involvement in a child's treatment is preferable, either through conjoint sessions with the therapist and child, or separate sessions. If this is not appropriate in a particular case, parents may be given reports on their child's progress, but specific confidential information may be limited or not be revealed as this can compromise the therapeutic relationship. Parents have the legal right to access records about a child's treatment. This is true even for noncustodial parents. At the same time, in a situation where the parent's access would have a detrimental effect on the therapeutic relationship or the minor's physical or psychological well-being, the therapist is legally permitted to deny parental access to records.

CONSULTATIONS: Within Hill Country Community Clinic, your therapist is a part of a treatment team that includes medical and dental providers as well as other clinic staff. If your therapist believes it will be helpful, s/he may consult with other team members to ensure that you receive the best care possible.

Additionally, at times your therapist may consult with other qualified professionals (i.e. psychiatrists, physicians, psychologists, other therapists, researchers) to seek information or input which may be helpful in providing services to you. At such times, identifying information is not provided to preserve and protect your confidentiality. If you do not object, you will not be told about these consultations. If further consultation is needed, you will be asked to provide written permission for your personal information to be exchanged.

DISCLOSURES TO INSURANCE COMPANIES: If your therapy is being paid for in full or in part by an insurance company or a managed care firm, there are usually limitations to your rights as a client. These may include their decision to limit the number of sessions available to you, to decide the time period within which you must complete your therapy, or to require you to see another therapist in their network. This also involves your signing a waiver of confidential information and that your therapist will be required by the insurance company to supply them with any information about you that they request. Therefore, be advised that your decision to use insurance reduces the confidentiality of your treatment.

If a third party such as an insurance company is paying for part of your bill, your therapist is typically required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. All of the diagnoses come from a book titled the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR). If you have any questions about your diagnosis please speak with your therapist.

RECORDS: Your therapist will keep a record of your participation in therapy, including legal forms such as this document, a record of visits, and progress notes. Progress notes will contain enough information about your treatment to justify it, should such justification ever become an issue. You are entitled to access your records unless your therapist believes that seeing them could be emotionally damaging to you. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, it is recommended that you review them with your therapist so that you can discuss the comments. Your records are maintained in a secure location that cannot be accessed by anyone other than Behavioral Health Services staff.

The above summary of exceptions to confidentiality should be helpful in informing you about how information about you may be shared, but if you have any questions or specific concerns about privacy or confidentiality, please do not hesitate to discuss these with your therapist.

My signature below indicates that I have read this statement, or had it read to me, and understand that any information I share with my therapist will be private and confidential except as stated above.

Signature

Date

For Minors, Signature of Parent /Guardian (please state relationship)

Date

Witness: _____