



Consent for short-term Behavioral Health Services

WHAT TO EXPECT

Patients can usually expect to have weekly/bi-weekly or monthly appointments for psychotherapy typically lasting 30 minutes. Patients are allotted up to 8 sessions upon beginning therapy. If there is a clinical need for extended therapy, BH patients can be referred for longer-term therapy, either with an OLE Health longer-term therapist, or referral out to a community partner.

CONFIDENTIALITY

Our policy is that all information and communication between the patient and therapist disclosed during sessions, and in written records pertaining to those sessions, should remain private and confidential. Therapy notes on OLE Health's electronic medical record are secured and confidential and can only be accessed automatically by behavioral health and medical providers. All others must identify themselves and provide a specific clinical reason to access therapy notes. Case information can be exchanged with other people or agencies only with the patient's permission, except where disclosure is required or permitted by law. Under state law, information must be exchanged with other people or agencies in certain situations, including the following:

1. Reasonable suspicion of child abuse, elder abuse, or dependent adult abuse.
2. When a patient presents as being a danger to oneself or others, or to the property of another and the disclosure is necessary to prevent the threatened danger. This exception includes suicidal and homicidal threats.
3. Court ordered release of information, such as a subpoena.

If we need to release information for any of the above-stated reasons, therapists will attempt, to the best of their ability, to inform patients first. In couple and family therapy, confidentiality does not apply between members of the couple or family when they are seen individually. If you have any questions about confidentiality or the release of information, please speak to your therapist.

ORIENTATION

Behavioral Health therapy is the process of developing a safe, supportive, and trusting relationship with a therapist. Behavioral Health therapy may assist in healing from painful past experiences, exploring solutions to current problems/issues, developing new skills to assist in daily living, improving mood, and work on areas of personal growth

Behavioral Health therapy is most successful with effort and commitment on your part, as well as honesty and openness. Consistent attendance, completion of "homework assignments," and willingness to try new ways of thinking and behaving will help you reach your goals. Your therapist will ask for your feedback and views on your therapy, including your help in developing treatment goals that will serve as the focus of your work together.

DRUG AND ALCOHOL POLICY

We believe in providing excellent service. This is best accomplished when a patient is not under the influence of drugs or alcohol. Thus, we ask that patients do not come to therapy appointments under the influence of drugs or alcohol. If this appears to be the case, we will ask the patient to reschedule their appointment for another time.

CANCELLATION POLICY

It is important to your treatment that you attend sessions as they are recommended by your therapist. If you need to cancel an appointment, it is necessary that you do so as soon as possible. If you cancel or do not show for your scheduled appointments three times, your future appointments may be cancelled. If you would like to continue, you will be asked to speak to one of our behavioral health providers to determine if you are ready to re-start therapy. If there are urgent circumstances that are causing you to cancel or not show for your appointments, please alert your therapist as soon as possible so that they can review the situation and help make it easier for you to attend your appointments.

TERMINATION

Participation in therapy is voluntary and can be ended at any time by the patient. It is our expectation that patients notify their therapist if they plan to stop therapy. We also have the right to postpone therapy based upon patient’s ability to attend sessions as per the clinical treatment plan. Your therapist will attempt to notify you if there are any changes in the service arrangement.

GIFTS

Your therapist is bound by professional, legal and ethical standards, which means that patients are not expected to give any type of gift to the therapist. It is our policy that therapists should not accept gifts from patients.

EMERGENCIES

All patients experiencing a crisis after business hours should contact County Mental Health Crisis Services. They are open and available to assist 24 hours a day, 7 days a week.

Napa County crisis (Exodus): 707-253-4711

Solano County crisis: 707-428-1131

If you want to know more about our policies, or have any questions about your treatment, please speak with your therapist.

I have read the above Consent for Behavioral Health Services carefully. I understand the requirements for participation and agree to comply with them.

Patient Name: _____

Patient Date of Birth: _____

Patient/*Parent/Guardian Signature: _____

Date: _____

*If patient is under 12 years of age

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers (or marriage and family therapists) You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.