Consent for longer-term Behavioral Health Services

WHAT TO EXPECT
Patients can usually expect to have weekly appointments for psychotherapy typically lasting 45 minutes. Patients are allotted up to 12 sessions upon beginning therapy. If there is a clinical need for extended therapy, the decision to continue will be made on an individual, case-by-case basis by the behavioral health supervisor.

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 client's written 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
Psychotherapy is the process of developing a safe, supportive, and trusting relationship with a therapist. Psychotherapy 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.

Psychotherapy 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 will be cancelled, and you will be placed at the end of the waiting list. 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 (s)he can review the situation before placing you back on the waiting list.*

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 of their intention 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 clients are not expected to give any type of gift to the therapist. It is our policy that therapists should not accept gifts from clients.

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 age 12

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.