

# The Children's Center Informed Consent Agreement

Welcome to The Children's Center. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

## **THERAPY**

During your first few appointments a Mental Health Consultation, Psychological Evaluation, or Psychiatric Evaluation will be conducted in order to determine the nature of your child's problems and to help us work with you to determine the best course of treatment. Our goal is to help you and your family start to feel better. Our therapy model is designed to meet the needs of your family and to address your child's specific problems. Our services include individual therapy, group therapy, parent-child group therapy, and family therapy. The type and frequency of treatment will depend upon the needs of your family. If your child is going to attend one of our therapy groups, we will talk with you about which group best fits his or her age and therapy needs. A treatment plan will be developed that identifies the specific goals we will start to address in treatment. The goals will be reviewed in your family therapy sessions. The treatment plan allows us to keep you appraised of your child's progress.

It is important to point out that your involvment in your child's treatment is critical. Family therapy will be provided at least once each month for families who have a child participating in group therapy. Our research has shown that children make the most changes when their parents are attending regular family therapy sessions. In addition, it is very important that your child attend group regularly. When children are frequently absent they miss out on important activities and have a harder time learning how to play and make friends.

For some families we might recommend a group for you and your child to attend together. These groups meet once or twice each week and focus on helping parents and children learn to play together and communicate more effectively. Again, consistent attendance is important.

Family therapy is required for all parents who have children in our day treatment program.

Family therapy is required for all parents who have children in our day treatment program. There are many different methods that we may use to help you with the problems that you hope to address. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you and your family will have to work on things we talk about both during our sessions and at home. Attendance of 50% or less of scheduled appointments over ninety days may result in involuntary discharge from treatment. Readmission to treatment may be arranged after meeting with a therapist.

Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress but there are no guarantees of what you will experience. Therapy may involve discussing unpleasant aspects of your life, and you might experience uncomfortable feelings during treatment. If this occurs, your therapist will be able to help you process these feelings.

## PROVISION FOR GRIEVANCES

On occasion, parents sometimes feel that they are no longer relating well to their therapist, or, that their therapist is no longer able to meet their family's needs. If this happens you are encouraged to talk to your therapist about your feelings. If the problems cannot be worked out, we can arrange for you to see another clinician. If necessary you may contact the Center Director or Executive Director. If the problem cannot be resolved, you have the right to appeal and to a fair hearing.

## THERAPY SESSIONS

Your family's initial evaluation will last from 1 to 3 sessions. If therapy is begun, you will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time agreed upon with your therapist. However, some sessions may be longer or more frequent. Once an appointment hour is scheduled please do all that you can to keep the appointment as our agency is very busy and it is sometimes difficult to reschedule.

If your child is attending our therapeutic preschool program your child's group specialist will occasionally be asked to join the family therapy session to provide you with an up-to-date report of your child's progress in his or her therapy group. This will give you an opportunity to ask your child's group specialist about any concerns or questions that you might have. You will also be able to observe your child in group to help you better understand our group therapy process. For your child's safety, we maintain a list of those individuals who are approved by you to observe your child in group.

### RESTRAINT POLICY

Our therapy staff is trained to help your child express his or her feelings in order to prevent extreme outbursts of aggressive behavior such as hitting, kicking, and biting. If your child begins to hurt him or herself, or becomes a danger to other children in the group, your child will

initially be given a nonexclusionary time out. This involves removing the child from the group activity but allowing him or her to observe the group activity. If your child continues to be aggressive or is attempting to hurt others, your child may be removed from the room in order to allow him or her to calm down in our quiet room for no more than a few minutes. If this is not effective, the staff may place your child on their lap and restrain your child's arms and legs to prevent injury to your child or themselves. This procedure will not harm your child but will ensure that s/he remains safe. As soon as your child calms down s/he will be released.

#### PROFESSIONAL FEES

The Children's Center is a private, not-for-profit agency. As a result we are able to provide affordable services since we use charitable funds to subsidize families who are unable to pay our full fee. We will do all that we can to insure that our services are affordable for each family. To do so, we will have you talk with our business office in order to establish your fee for our sessions. If at any time your financial status should change please don't hesitate to let your therapist and/or our business office know so that we can work with you to help continue providing treatment.

## **BILLING AND PAYMENTS**

If we are billing your insurance and you have a co-pay, we will expect the co-pay at the time of your office visit. If we are billing Medicaid for your service you will not have a co-pay. However, you must provide us with proof of eligibility for each month of service.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

# INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled, however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course

we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call your insurance company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some client's feel that they need more services after insurance benefits end. [Some managed-care plans will not allow us to provide services to you once your benefits end. If this is the case, we will do our best to work out an affordable fee with you.]

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it in writing.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for our services yourself to avoid the problems described above [unless prohibited by contract].

## CONTACTING THE CHILDREN'S CENTER

Our staff is typically available between the hours of 8:30 am and 5:00 pm Monday through Friday. In the event that we are unable to come to the phone, you may leave a confidential message on our phone mail system. Every effort will be made to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform your therapist of some times when you will be available. If you are unable to reach your therapist and feel that you can't wait for him or her to return your call, you may ask to speak to another clinician or to the supervisor of your child's group. After regular clinic hours, you may call The Children's Center and our phone mail system will instruct you about how to leave an emergency message. An on-call clinician will contact you as promptly as possible, usually within 30 minutes, after receiving your message. If you feel that it is an urgent crisis,

please contact your family physician or the nearest emergency room and ask for assistance. If your therapist will be unavailable for an extended time, you will be provided with the name of a colleague to contact, if necessary.

## PROFESSIONAL RECORDS

The Children's Center understands that the mental health information regarding you and your child is personal. Protecting your mental health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your mental health information. The laws and standards of our profession require that we keep treatment records. You have certain rights by law regarding your confidential information. You may inspect and receive a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in the presence of your therapist so that we can discuss the contents. Please review our Notice of Privacy Practices for complete information.

### CONFIDENTIALITY

When you receive services from The Children's Center, we may use your mental health information for treating you, billing for services, and conducting our normal business known as health care operations. In general, the law protects the privacy of all communications between a client and a therapist, and we can only release information about our work to others, for purposes other than treatment, billing or health care operations, with the written permission of the legal guardian. But there are a few exceptions. In most legal proceedings, the legal guardian of the child has the right to prevent us from providing any information about treatment. However, in some proceedings involving child custody and those in which your child's emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it.

There are limits to the confidential nature of notes taken during family therapy. If you are divorced or separated, your spouse could access the information you share during these sessions. If this is a concern to you please discuss your concerns with your therapist.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a client's treatment. For example, if we believe that a child [elderly person, or disabled person] is being abused or neglected, we are required to file a report with Child Protection Services.

If we believe that a client is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in our practice. If a similar

situation occurs, we will make every effort to fully discuss it with you before taking any action.

We may occasionally find it helpful to consult other professionals within The Children's Center about a family. The consultant is also legally bound to keep the information confidential. We will discuss these consultations with you if we feel that your knowledge about them is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complicated.

## **CLIENT RIGHTS**

Your family has the right to get mental health care at The Children's Center regardless of your race, color, national origin, disability (mental or physical), sex, religion or age. Your family has the right to be treated with respect and dignity.

# The Children's Center Informed Consent Agreement

I have read and agree with The Children's Center Informed Consent Agreement that includes information for the following:

- Description of Therapy
- Parental Involvement
- Provision for Grievances
- Restraint Policy
- Professional Fees, Billing and Payments
- Contacting The Children's Center
- Professional Records, Confidentiality
- Notice of Privacy Practices
- Client Rights

I was given the opportunity to clarify any concerns or questions and I have been give a copy of the Informed Consent Agreement.

Parent or Legal Guardian (Signature)	Date	
Print Name		
Child's Name		
My signature indicates that I have review	ed The Children's Center Informed Conse	nt
Agreement with the client and have given	them the ennertunity to clarify any questi	
Agreement with the client and have given	them the opportunity to clarify any questi	
Agreement with the client and have given  Therapist (signature)	Date	