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**Consent to Treatment**

**Please read carefully, fill out required information, and check yes or no indicating your response.**

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| --- | --- | --- |
| **Important Information** | **Yes** | **No** |
| I give my permission to be emailed appointment reminders and other correspondence regarding services |  |  |
| I give my permission to be texted appointment reminders |  |  |
| I give my permission to receive phone calls and voicemails for appointment reminders and other correspondence regarding services |  |  |
| I give my permission to be emailed a follow up questionnaire and satisfaction survey |  |  |
| I give my permission, in case of an emergency, for BlueTheory Counseling staff to administer medical treatment or to contact emergency personnel regarding my needs |  |  |

name:

Email:

Phone #:

**Decided Treatment Options**

I am acknowledging that I have been informed of the risks and benefits of several different treatment choices. The treatment(s) chosen include (Please check the appropriate box(s) indicating your selected service):

* Mental Health Assessment
* Addiction Assessment
* Brief/Long Term Psychotherapy (includes individual, family, group, and couples counseling)
* ADHD Program
* Couples Connection Program
* Grief & Loss Program
* Substance Addiction Program
* Pornography Addiction Program

**What to Expect**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This foundation helps to create a feeling of safety and trust. One of the most important parts in any therapy situation is feeling comfortable with the process. What this means is that you should trust your therapist, you should feel like they have the expertise to help, and there should be tangible tools to use. Measuring progress is also key in this as we all want to feel like we are achieving goals. This is why you will be included in the treatment planning approach, and goals will be updated as progress is made.

As a client in therapy, you also have certain rights that are important for you to know about. This is your therapy, it is tailored to what you want and need, and you should feel comfortable in how the process works. There are also certain limitations to those rights that you should be aware of.

**Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. Therapists cannot and will not tell anyone else what you have told them, or even that you are in therapy without your prior written consent. This is covered under the provisions of the Health Care Information Act. Your privacy as a client is of the utmost importance. Permission to speak to others can be granted, or revoked at any given time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever information is transmitted about you electronically (for example, sending bills or faxing information), it will be done with specific safeguards to insure confidentiality.

If you elect to communicate with BlueTheory by email, please be aware that email is not completely confidential. All emails are retained in the logs of your internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email received from you, and any responses sent back, will be uploaded and included as part of your medical file.

**Exceptions to Confidentiality**

1. If there is good reason to believe that there is active abuse or neglecting of a child or vulnerable adult, or if information is provided about someone else who is doing this, therapists are required to inform Child Protective Services or Adult Protective Services. Some examples of reportable offenses are outlined below:
	1. Underage drug or alcohol abuse
	2. Underage sexual activity (under the age of 18)
	3. Physical or sexual abuse of any form
	4. Refusal to provide individuals with essential needs such as food, shelter, and clothing
	5. Refusal to provide individuals with medical services
2. If it is believed that you are in imminent danger of harming yourself, therapists are required to legally break confidentiality and call the police or the county crisis team. Other options would be explored with you before this step was taken, but if at any point safety becomes a bigger risk this action would be taken.
3. If you report the behavior of another named health or mental health care provider that has either a. engaged in sexual contact with a patient, including yourself or b. is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires that a report is filed to the Utah licensing board (DOPL).
4. If there is good reason to believe that you will harm another person, therapists are required to attempt to inform that person and warn them of your intentions. In cases such as this, the police are called and informed of the intent to harm another individual.

**Record Keeping**

Each session attended will have a very brief note associated with it. This is common practice for all healthcare related fields. In these notes, there is often information such as identifying information, diagnosis, presentation of problems/symptoms, interventions utilized, progress made, your treatment plan, and plans for ongoing services. If at any time you would like copies of your records, you can fill out a request form and receive those within 30 days of the request.

If you would like to share your information with other individuals/entities, a written release of information must be completed first. These notes are often very vulnerable, thus there are some situations when releasing the notes could cause potential harm. If this were ever to be the case, the notes would not be released and your therapist could deny the request.

**Custody (Only applicable to child clients with divorced/separated parents)**

This section is important to note that BlueTheory Counseling provides mental health services to help with all situations, but does not do any form of custody evaluation. This is outside of the scope of therapy, and is reserved for designated custody evaluators. Furthermore, by signing this document below I am acknowledging that I will not involve my child’s therapist, my child’s medical notes, or any other documentation/involvement from therapy in any court custody case.

Also, in signing this document you are acknowledging that you are the deciding custodial parent. If custody is joint, a signature is required of both custodial parents before treatment can begin. It is the responsibility of the client’s guardians to divulge this information and sign appropriate paperwork.

By signing below, I acknowledge that I have had the chance to discuss all of these concerns, I have had questions answered, and I am aware of the plan for treatment. My signature also indicates that I am authorized by the state of Utah to grant permission for mental health assessment and treatment.

Client/Guardian Name (Please Print)

Client/Guardian Signature Date

Witness Date

❑ Copy accepted by client/parent/guardian ❑ Copy kept by therapist

*This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.*