

Behavioral Health Informed Consent

Welcome

Greater Seacoast Community Health uses a team approach to treatment. Behavioral Health clinicians are part of an integrated team that work collaboratively with primary care providers, social workers and other primary care staff to provide quality services to patients to assist them in meeting their healthcare goals. Behavioral Health treatment at Greater Seacoast tends to be shorter in duration and is focused on targeted health goals. Patients may be connected with a Behavioral Health Provider as part of their primary care visit or be referred by Primary Care and receive a follow up phone call and screening. Patients will complete an assessment with a Behavioral Health Provider to decide the best plan moving forward. Patients may meet with a provider 1-2 times for brief treatment with a focus on coping strategies or be referred for further assessment and follow up counseling. Your treatment at Greater Seacoast Community Health will be coordinated between you and your treatment team.

All Behavioral Health Clinicians are graduate-level, trained professionals who follow a code of ethics and offer quality care to patients.

Confidentiality

In most cases, clinicians may not release information regarding your treatment without your permission which is generally in the form of a signed Release of Information. However, confidentiality will not be kept if one of the following situations arises:

- The sharing of health information for supervision with a direct clinical supervisor and/or discussion with your primary care provider or another member of your healthcare team.
- It is decided you are a danger to yourself or others. This may include requesting emergency assistance and transportation to a hospital and/or police assistance.
- If you share information about the abuse or neglect of a child, elderly or disabled individual. Clinicians are mandated by law to report this to the authorities.
- In cases of a medical emergency where you aren't able to communicate information to Emergency Services Personnel or Emergency Room staff.
- If a Release of Information form is signed by you to allow sharing of your health information.
- If your insurance or third-party payer requests information to authorize coverage of services.
- If you are involved in a court proceeding and a request is made for information concerning the professional services that provided to you and/or the records thereof, such information is protected by the therapist-patient privilege law. I cannot provide information without your written authorization, or a court order.
- If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I may be required

to provide it.

- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

Federal law and regulations do not protect information about a crime committed by a patient or any threat to commit such a crime (See 42 U.S.C 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR part 2 for federal regulations).

Adolescents 12 and older

In New Hampshire an adolescent 12 and older can consent for confidential treatment of a Substance Misuse Disorder. Also, in New Hampshire an adolescent age 14 and older can consent for confidential STD/HIV and reproductive health services.

Payment/Fees

Greater Seacoast Community Health offers services on a sliding fee scale based on patient household size and income. Uninsured or underinsured patients who qualify for the sliding fee can meet with a Patient Advocate to discuss their qualifications.

When you use insurance, we are required to include a diagnosis from the DSM V for billing purposes. This will be discussed between you and your clinician. Diagnoses are also used to create a treatment plan that meets your needs. Your clinician takes special care in diagnosing by gathering information from you, reviewing past treatment history records and through the use of clinical assessment tools. We strive to establish diagnoses in context by considering the person or relationship to help you learn your own way of understanding the issues that brought you in for help.

You may also be subject to copay at the time of service depending on your insurance plan.

Medical Records

The laws and standards of the behavioral health profession require that we keep records in a manner consistent with HIPPA standards. To do this, we use a secure, encrypted electronic health record that includes clinical notes, insurance billing and financial statements.

As part of the delivery of health care and counseling services at Greater Seacoast Community Health, you have the right to access and review your clinical records unless it considered harmful to your mental health by your clinician at the time. You may submit a request in writing to your clinician at any time. To protect the rights of children under the age of 18, records may or may not be shared without court orders. Clinicians will not write letters for patients in connection with legal matters.

Duration of Services

The number of sessions is determined by the need of the patient and the professional judgement of the clinician. Behavioral Health Integration services in a primary care setting tend to be shorter term. Session length may be 30 or 45 minutes in duration. Your clinician will assess your treatment needs and progress on your identified goals at each session. Patients needing longer term counseling may be referred out to another provider or level of care in the community. Therapy by design should have clear and specific treatment goals. When these are goals achieved it may be appropriate to terminate services or transition

to another provider in the community for more specialized treatment. While we recognize that termination can be difficult, it is part of the treatment process and we encourage patients to utilize this as opportunity for further growth.

Risks and Benefits

Therapy can carry both risks and benefits. Often therapy can help to reduce feelings of emotional pain, help to improve relationships and/or resolve specific issues. But there are no guarantees of improvement of any condition. Risks may include experiencing uncomfortable feelings (like sadness, guilt, anger or anxiety) or talking about difficult topics.

Conflict of Interest

New Hampshire is a small state. From time to time, actual or potential conflicts of interest may arise. In the event that your Behavioral Health Provider becomes aware of a conflict of interest in providing treatment to you, that provider may be required to refer you to another therapist. Regardless of the existence of a conflict of interest, your information will remain confidential.

Use of Interpreters

As needed, professional interpreters may be used to help a patient and a clinician communicate. Interpreters are mandated to follow the same rules of confidentiality as clinicians.

Email

Email is not a confidential means of communication. Greater Seacoast cannot ensure that email messages will be received and responded to. Please use the agency phone numbers to communicate with your provider.

Emergency Procedures

Nurse triage is available to you for concerns related to your behavioral symptoms if needed between your therapy sessions. This is not psychotherapy, but to determine the appropriate level of care or intervention for your concerns that cannot wait until your next psychotherapy session. For emergencies please dial 911. After hours please call our main number and listen to instructions for how to speak with a nurse, or go to your local hospital if unable to wait. Emergencies are situations that involve immediate physical harm to yourself or someone else.

For help needed during an emergency please call 911.

Additional crisis resources: **Mobile Crisis Services** 1-833-710-6477 | **National Suicide Hotline** #988

Signed Consent for Treatment

By signing below, you are agreeing you understand the terms of this agreement and that you are willing to take part in treatment.

Patient Signature _____ **Date** _____

Printed _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Clinician Signature _____ **Date** _____