



## **Informed Consent Form**

### **PROVIDER-CLIENT AGREEMENT:**

Welcome BlueSkyMentalHealthClinic LLC

This document contains important information about our professional services and business policies. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign this or at any time in the future.

### **fffbPSYCHOLOGICAL and PSYCHIATRIC SERVICES:**

Therapy and psychiatric services are a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy or psychiatric services, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. As your therapist/prescriber, we have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks might include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, and helplessness, because the process of therapy often requires discussing the unpleasant aspects of your life. However, therapy has been shown to have great benefits for individuals. It can lead to a significant reduction in feelings of distress and a greater personal awareness. Therapy involves an active effort on your part. To be most successful, you will have to work on things outside of the session. For psychiatric services, it is important to follow all the recommendations by your prescriber and to take the medication as prescribed. It is your responsibility to manage your medication and make additional appointments if you are running out of your medication. It is **MANDATORY** that you indicate all medications currently in use, especially controlled substances, as nondisclosure may be grounds for termination of services.

The first 2-3 sessions will involve a comprehensive evaluation of your needs. At the end of these sessions, we will be able to offer you initial clinical impressions and we can agree on some treatment goals. You should evaluate this information and make your own assessment about whether you feel comfortable working with your therapist or prescriber. If you have any questions, please ask them at any time. If you wish to work with someone else or get a second opinion, you have a right to do so.

## APPOINTMENTS:

All therapy appointments will be 50 minutes in duration, once a week, at a time we agree on. However, as you start to make progress and feel better, these sessions may become less frequent. The time scheduled for your appointment is assigned to you alone. If you need to cancel or reschedule a session, we ask that you provide us with 24 – 48-hour notice. If you miss a session without cancelling, or cancel with less than 24-hour notice, our policy is to collect a missed appointment fee, set as \$75. If you arrive to your appointment late, your appointment will still end at scheduled time to prevent overlapping into other scheduled client appointments.

We offer telehealth services. These sessions can be over the phone or through our secured patient portal. These sessions follow all of the same guidelines as face-to-face sessions but with the added convenience of not having to travel to the office.

The initial psychiatric appointment will be one (1) hour so the Psychiatric provider can record an accurate medical and psychiatric history. It is important to bring in a list of medications that you are already taking. After the initial visit, you will see your prescriber once every two to four weeks to make sure that you are not experiencing any negative side effects. After you are stable on a medication, your prescriber may want to see you once every three months.

## PROFESSIONAL RECORDS:

We are required to keep appropriate records of the psychological services that we provide. Your records are maintained in a secure location in the office and your online medical records are on a HIPPA approved site.

## CONFIDENTIALITY:

Everything that is discussed in our session is confidential. If you tell your provider that you are going to hurt yourself or someone else, then your provider is required by law to break that confidentiality. It will be discussed with you, who will be told. It may be a spouse, or close family friend or other family member. In serious cases of suicidal or homicidal plans, your provider may have to inform the local emergency services. In addition, if you have any knowledge of a child abuse situation then your provider is also required by law to inform the appropriate people. The appropriate party in this case, will most likely be child protective services (CPS).

## CONTACTING US:

Providers are often not immediately available by telephone, except as scheduled. Your provider will not answer the phone when he or she is with a client. At these times, please leave a message on the confidential voice mail and your provider will return your phone call as soon as possible. If you are in crisis, do not wait for your therapist or nurse to return your call. Please go to your nearest emergency room or call 911.

If you need to discuss an issue that is going to take more than 10 minutes, we ask that you schedule an appointment so that you can be given the attention and time that you deserve.

You will be informed in advance of any planned absences and we will provide you with the name and phone number of the mental health professional that will be covering.

## OTHER RIGHTS:

If you are unhappy with what is happening in therapy or with your psychiatric service, we hope you will talk with us so that we can respond to your concerns. Any concerns will be handled with care and respect. You may also request that we refer you to another therapist or nurse and you are free

to end therapy or your psychiatric service at any time. You have the right to considerate, safe and respectful care without discrimination to race, ethnicity, color, gender, sexual orientation, age, religion or national origin. You have the right to ask questions about any aspect of therapy or psychiatric service and about our specific training and expertise. You have the right that we will not have any other relationship with you than that of provider – client.

#### **TERMINATION OF TREATMENT:**

You have the right to terminate therapy/psychiatric service at any time and for any reason. It is our hope that termination of therapy will naturally come after you feel that you have made progress on all of your therapy goals and are feeling a general sense of well-being. You are encouraged to make an appointment in the future if you ever need a “check-up” or would like to restart therapy for different issues. For psychiatric treatment, it is important that you follow the advice of your prescriber and if you terminate services with him or her, do not stop your medication without their consent.

#### **CONSENT TO THERAPY:**

Your signature below indicates that you have read this Agreement and agree with its terms.

Patient, Parent or Guardian Signature Date

Patient Name (Please Print)