



Westbrook Youth and Family Services, Inc.

P.O. Box 918, Westbrook, CT 06498 • 860-399-9239 • Fax: 860-399-7529

Informed Consent to Treatment and Specific Permission for Release of Information

In order to ensure you fully understand the clinical policies and procedures of Westbrook Youth and Family Services, Inc., please read this document carefully. We believe successful therapy is based on a positive working partnership between counselor and clients, so if you have any questions or concerns about anything in this document, please discuss it with your counselor prior to starting treatment.

Therapy is a collaborative process and therapy services require you to work with your counselor to develop treatment goals and plans. By engaging in therapy services, you are consenting to take an active part in developing and meeting the treatment goals.

CLIENT'S RIGHTS AND RESPONSIBILITIES:

- You have the right to understand the possible risks and benefits of therapy. You further understand that no promises are made to you concerning the outcome of therapy.
- You have a right to be informed of the professional background and training of your counselor; to ask questions and discuss therapeutic goals at any point during the therapy process.
- You have the right to terminate therapy at any time and ask for a list of referral sources.
- You have the right to be fully advised of the fees and practice policies related to your care and be clear on both your rights and any limitations to confidentiality, as specifically outlined below.
- If your child sees a counselor individually, you have the right to expect that their counselor, as requested, will communicate with you about your child's therapy. However, as the establishment of trust between your child and their counselor is important for a successful therapeutic outcome, we ask you to keep in mind your child's need for privacy.
- You understand that if your child is seen in therapy, both parents may be asked to participate in treatment. This may involve family treatment, parent meetings between you and your child's counselor, or individual therapy for each parent. Your counselor may share information regarding issues that arise in the course of the therapy with either parent.
- You understand that during family or couple's therapy, your counselor may meet with members individually. Information disclosed by an adult family member in the absence of others is considered confidential. However, certain information may, in the counselor's judgment, preclude therapeutic services from continuing. If such information is disclosed and the individual chooses not to divulge it to the rest of the family, the counselor has the right to terminate therapy.
- WYFS does not provide psychological testing, acting as a witness in court cases, or report writing of any kind (except for providing evidence of attendance or case summaries, upon request). You agree that you will not request any of these services from WYFS.

PRIVACY OF INFORMATION POLICIES:

The confidentiality of all sessions is protected under Federal and State laws, as well as the AAMFT code of ethics. **A statement of HIPAA policies is available to you.**

Information about your therapy, or acknowledgement that you are a client, will not be released without the written consent of the client (or the client's legal guardian). Exceptions to this assurance of confidentiality arise if the counselor believes that the client's or another's life, health, or well-being is in jeopardy.

- **As mandated reporters, we are bound by law to report child abuse or neglect or elder abuse or neglect.**
- We have a duty to use reasonable care to protect clients that are dangerous to themselves or to protect intended victims of clients.
- We are also bound by law to release records subpoenaed by a court of law.

In addition, WYFS will disclose treatment information in the following circumstances:

- To insurance companies, managed care, and other third-party payers regarding services to the client, including type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.
- To send aggregate information to granting agencies whose monies are used to underwrite counseling services.
- To send information to the State Department of Education concerning services provided to students.
- WYFS counselors may discuss your case with their clinical supervisors both at the agency and (for intern counselors) at their university. The professionals are bound by the same rules of confidentiality as your counselor.
- If you have previously received treatment from WYFS, your current counselor may review your former clinical case file.
- WYFS may use your email address to notify you of any breach of records as required by federal law.
- Unencrypted email and text messaging may be used by WYFS counselors to communicate with you. Please notify your counselor if you would prefer not to receive communication by these methods. Also, our scheduling system is equipped with a notification system that will send email reminders of appointments. Please let us know if you do not want to be notified in this manner.
- **Release of Information for School-based Services or VISTA clients:** If services are being delivered in one of Westbrook's public schools or in coordination with VISTA, by signing the consent to treat you are giving your WYFS counselor permission to coordinate treatment with Westbrook Public School personnel or a VISTA staff member. This includes consulting with support staff and teachers on treatment goals, progress toward goals, and appointment scheduling.

REASONS FOR DISCONTINUING CLINICAL SERVICES

WFYS may discontinue clinical services before clinical goals are met. Reasons for discharge include, but are not limited to:

- Appropriate clinical progress is not being made.
- You have been a "no show" or late cancel (less than 24 hours) for 3 or more appointments.

- Your mental health needs cannot be appropriately serviced by the agency's clinical team.
- You refuse to allow access to pertinent past mental health or medical treatment records.
- You or your counselor's safety cannot be appropriately guaranteed.
- You cannot attend appointments at an available time.
- Counselors learn information that contra-indicates therapy.
- You are admitted for in-patient psychiatric treatment at a hospital or other facility. In this case, WYFS will reassess whether your clinical needs can be appropriately met by the agency's clinical team at time of your discharge from higher level of care.

PAYMENT FOR SERVICES:

- You are responsible for payment of services based on the Fee for Service agreement or reimbursement supplied by your insurance carrier.
- Services provided at Westbrook Public Schools are free for participants.
- You may stop treatment with this counselor at any time. If you have a balance at the completion of treatment, you are responsible for payment of the services you have received.
- You must give 24-hours cancellation notice for an appointment. If you fail to give notice, you will be charged the full session fee for the missed appointment. If your session fee is less than \$10, you will be charged the minimum \$10 late-cancellation fee per missed session.



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Although by law signature is only required from adult clients and the parent/guardian of minors, we believe that all therapy participants should understand their rights and responsibilities. Therefore, we invite all family members participating in therapy to sign the consent form.

My signature below shows that I understand and agree with all of the statements in the **Informed Consent to Treatment and Specific Permission for Release of Information.**

Signature of client or parent/guardian Date

Printed Name Relationship to Client

Signature of client or parent/guardian Date

Printed Name Relationship to Client

Signature of client Date

Signature of client Date

Signature of client Date