



Community Health Connections

We take great care of you!

Informed Consent for Behavioral Health Services

Counseling: You have made the important decision to seek counseling. This will impact you in different ways and we would like you to be aware of some of those ways before you start. During the intake process, you will be asked about various areas of your life. This will include, but is not necessarily limited to, your social, economic, and family history; educational and employment achievements; criminal history; and any medical, drug, and drug-treatment history. This information helps your counselor develop a diagnosis that is appropriate for your care and treatment planning. You will be involved throughout the treatment planning process. As part of this process, you will be asked about the goals you may have for coming in to behavioral health counseling. This plan can be changed whenever you have met your established goals, whenever you identify new goals or whenever you decide you no longer want to work on your goals.

Counseling can be quite fulfilling. However, there are some effects of therapy that may be uncomfortable and of which you should be aware. Depending on your personal experiences, you may have uncomfortable feelings when discussing your history. This is natural and expected. Please let your counselor know if you are having these feelings so that he/she can help you work through them or make the changes necessary to continue with your treatment.

To get the most out of counseling, it is recommended that you use what you learn in session when you leave the office. Therapy does not stop when you leave the office. The more you use what you learn in session, the more therapy will be helpful to you. If you find something does not work, discuss this with your counselor. When one decides to make personal changes while living in a family environment, there may be disruptions in the family unit. This may create discomfort at home and you may wonder if counseling is working. These thoughts and feelings are not unusual. Please let your counselor know if you are experiencing any concerns or discomfort so that you may discuss the actions best suited for your circumstances.

Counseling is a relationship based treatment. If you do not feel your counselor is a good match, you may request a change. You will be contacted by an administrator for more information so that a better match can be made.

Counselor Qualifications: The Behavioral Health Clinic employs a variety of providers with different education, employment, and licensure backgrounds. Most counselors have a Masters degree or higher. We do occasionally have counseling students that have completed their graduate course work and are completing the required internship hours to graduate. All of our counselors are supervised by a Psychologist. Please ask your assigned counselor about his/her background.

Community Health Connections, Inc. is a training site: Community Health Connections, Inc. partners with UMASS Medical School Residency program and is a training site for graduate programs in psychology, mental health counseling, and social work. Like your primary care provider, who may be a Resident physician, your therapist may be an intern. Behavioral health providers with titles like “Fellow,” “Intern,” and “Psychology Assistant” are currently in training to become Master or Doctoral level providers. All trainees are closely supervised by a licensed clinician. There may be instances when a resident primary care provider is completing a rotation on the behavioral health floor. Your counselor may ask your permission to allow the PCP to sit in and observe your session. You are not obligated to agree and can refuse at any time during the visit.

Types of behavioral health services and appointments available: There are different counseling formats and scheduling options available. The Behavioral Health Department offers an initial assessment, individual therapy, and group therapy. The scheduling options are in the form of scheduled forty-five minute (:45) sessions, thirty minute (:30) sessions, and one hour fifteen minute (1:15) groups. For individuals that have difficulty keeping scheduled appointments or for urgent matters, we offer flexible appointments that are referred to as a counselor’s “Individual Provider Open Clinic” or “IPOC”. This is not available at all sites. At the time of your intake appointment, you will be provided with this information for your specific counselor. During this time period, clients are seen according to urgency. We will make every effort to meet with you during these times. Please be aware that there may be a waiting period to see your counselor. You will be informed at the time you check-in *approximately* how long you will wait.

Psychopharmacology appointments are available upon referral by your primary care provider.

Interpretation services: Fitchburg CHC is able to offer on-site interpreting services for persons that only speak Spanish. If you do not speak English or Spanish, we will provide phone interpretation through Pacific Interpreters. If you require an interpreter and you are related to or you know the interpreter that is available to the Behavioral Health Department, you should let your counselor know so that alternative arrangements can be made. The Behavioral Health Interpreter is held to the same confidentiality standards discussed below. Greater Gardner CHC and Leominster CHC do not have on-site interpreters. They do have the Telelanguage Interpreter phone option available.

Confidentiality: Behavioral Health Clinicians have both a legal and an ethical duty to make sure that most of what a client talks about during a psychotherapy or psychopharmacology session remains confidential. In addition, both law and ethics require that healthcare providers inform their clients of exceptions to this rule in which parts of the session may *not* be kept confidential. First, the provider is obligated to break confidentiality when doing so is necessary to protect an individual's safety (for example, if there is reason to believe the patient may hurt themselves or someone else). Second, if there is reason to believe that a child (someone under 18), an elderly person (someone over 60), someone who is disabled, or someone who lives in certain residences, such as a nursing home, is being abused, neglected, or financially exploited, the provider is legally obligated to disclose this information to a state agency. Laws that are referred to as "mandatory reporting statutes" leave the healthcare provider no room for choice; within 24 hours the provider must convey his/her concerns to the appropriate authorities. Medical records will not be shared outside of the health center without your permission. For more information on how your medical records are handled, please review the provided information regarding the Health Insurance Portability and Accountability Act (HIPAA). Please read the following paragraph to learn how your health information is exchanged between the behavioral health department and your medical provider. Confidentiality of substance use treatment is additionally protected by Federal regulation 42 CFR part 2. This additional protection requires specific permission to release any information about referrals to a substance abuse treatment program, or assessment and treatment of a substance use disorder. Since we assess for substance use in all our assessments, we require authorization to release information about substance use for all our patients. You may also ask your counselor for more information.

Collaboration/Record sharing with primary care providers: Communication between primary care providers and behavioral health clinicians is essential to providing high quality health care. The medical and behavioral health departments of Community Health Connections work as a team and share an electronic health record in order to coordinate services and exchange patient information between the departments. Your primary care provider will therefore have access to your psychotherapy and psychiatric notes, just as your behavioral health provider will have access to your medical notes. Similarly, medical and behavioral health documentation will be shared between the behavioral health department of Community Health Connections and the primary care providers of the Health Alliance Fitchburg Family Practice located within the Fitchburg site of the health center. You may decline to have your health information shared between the behavioral health department of Community Health Connections and the medical departments of Community Health Connections and/or the Health Alliance Fitchburg Family Practice by signing a declination/revocation form. You may discuss this option with your behavioral health provider or an administrator of the behavioral health department. Health information will only be shared with primary care providers outside of Community Health Connections and the Health Alliance Fitchburg Family Practice after a patient has signed a *consent to release information form* which indicates with whom your behavioral health documentation will be shared.

Emergency Services: There is 24-hour phone service at the health center, with a physician on call. If you are in need of immediate psychological services, you should call Community Healthlink Crisis Team (800-977-5555)

Fees: You are responsible for paying any co-payments and deductibles that are not covered by your insurance company. Co-pays will be collected at the time of service. If you do not have insurance coverage, we will make an effort to notify you before your appointment. You will be directed to the Patient Services Department for assistance with coverage. The Behavioral Health Department accepts several insurance plans. For information on whether we accept a particular plan, please ask the front desk reception. We also have a sliding scale fee plan if you are unable to secure insurance before your visit.



Community Health Connections

We take great care of you!

Informed Consent for Behavioral Health Services Signature Page

Adult Patients

I, _____ (_____), understand the information above and consent
(Patient Name) (Patient DOB)
to receive behavioral health services at Community Health Connections, Inc.

Signature: _____ Date: _____
(Patient)

Witness: _____ Date: _____

Minor Patients

I, _____, understand the information above and give consent for
(Parent/Guardian)
_____ (_____) to receive behavioral health services at
(Minor Name) (Minor DOB)

Community Health Connections, Inc.

Signature: _____ Date: _____
(Parent/Guardian)

Witness: _____ Date: _____