



## **2. Informed Consent (PPP+ADHD)**

### **General Information**

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how the relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the Client Consent section at the end of this document.

### **The Therapeutic Process**

You have taken a very positive step by deciding to seek therapy (for yourself or your child). The outcome of treatment depends largely on a client's willingness to engage in this process, which may, at times, result in considerable discomfort. Recognizing, acknowledging, and changing problematic behaviors is difficult and can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your (or your child's) behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

### **Confidentiality**

Except as otherwise provided in the Notice of Privacy Practices, the session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate order for information stated on the order.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best

treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

## **Telemental Health Services**

Telemental health includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. Telemental health also involves the communication of medical/mental health information, both orally and visually, to other health care practitioners.

Clients have the following rights with respect to telemental health:

1. Clients have the right to withhold or withdraw consent at any time without affecting the right to future care or treatment nor risking the loss or withdrawal of any program benefits to which they would otherwise be entitled.
2. The laws that protect the confidentiality of medical information also apply to telemental health. As such, the information disclosed by a client during the course of therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality as listed above. (See also other sections of this policy and HIPAA Notice of Privacy Practices, for more details of confidentiality and other issues.)

The dissemination of any personally identifiable images or information from the telemental health interaction to researchers or other entities shall not occur without the client's written consent.

3. There are risks and consequences from telemental health. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of the psychotherapist, that: the transmission of medical information could be disrupted or distorted by technical failures; the transmission of medical information could be interrupted by unauthorized persons; the electronic storage of medical information could be accessed by unauthorized persons and/or misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner.

In addition, telemental health based services and care may not yield the same results nor be as complete as in-person service. If the psychotherapist believes a client would be better served by another form of psychotherapeutic service (e.g. in-person service), the client will be transferred to that form of service or referred to a psychotherapist in their area who can provide such service. Finally, there are potential risks and benefits associated with any form of psychotherapy, and despite the client's efforts and the efforts of the psychotherapist, the client's condition may not improve and in some cases may even get worse.

4. The client may benefit from telemental health, but results cannot be guaranteed or assured. The benefits of telemental health may include, but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.

5. Clients have the right to access their medical information and copies of medical records in accordance with North Carolina law and the business policies of Pittsboro Pediatric Psychology & ADHD Clinic. These services may not be covered by insurance. If there is intentional misrepresentation, therapy will be terminated.

Clients may discuss this information with their psychotherapist, may have it explained verbally, and may have all their questions answered to their satisfaction.

## **Client Consent**

By completing this section, I affirm my understanding and acceptance of the information in the document.

Type Client's Name as Signature:

Client's Date of Birth:

If Client is Under 18 Years of Age, Type Authorized Representative's Name and Relationship as Signature: