

CONSENT TO ASSESSMENT

Little House on Mackinaw subscribes to the Code of Ethics of the National Association of Social Workers (NASW) and Privacy Standards of the Health Information Portability and Accountability Act (HIPAA).

Confidentiality is a key part of the therapeutic relationship. It is not, however, absolute. There are many ethical and legal limits of confidentiality. Some of these limits include 1) determination that the client is a danger to self or others; 2) disclosure of abuse or criminal activity; 3) an order by the court to disclose information; and 4) if I am otherwise required by law to disclose information. If I intend to use any part of the case record for training, or research purposes, it is my practice to discuss this with my client and obtain written release to do so. I do seek supervision from another professional regarding the families that I work with as a part of my regular practice; identifying information is always protected. Additionally, prior knowledge and informed, written consent is required on the part of ALL parties present for any electronic recording of the verbal content of therapeutic sessions or extraneous communications.

I, _____, affirm that prior to becoming a client I was given sufficient information to understand the services that I am consenting to. The information included the nature and purpose of assessment, the therapist's professional identity and the nature of confidentiality including legal and ethical boundaries. My signature below affirms my informed and voluntary consent to assessment as well as the provisions in the 'PROFESSIONAL DISCLOSURE AND TREATMENT CONTRACT'. I understand that consent can be withdrawn by verbal or written request made to the treating therapist.

Client Signature

Date

Minor Client:

I affirm that I am the legal guardian of _____. With an understanding of the above information and conditions, I grant permission for my child to participate in assessment.

Parent/Guardian Signature

Date

Clinician Signature

Date

E-MAIL, TELEPHONE AND TEXT COMMUNICATIONS WITH PERSONNEL FROM LITTLE HOUSE ON MACKINAW ARE NOT GUARANTEED TO BE HIPAA COMPLIANT. THIS MEANS THAT CONFIDENTIALITY CANNOT BE NOT ASSURED. IF MAINTAINING HIPAA COMPLIANT CONFIDENTIALITY IS IMPORTANT TO YOU PLEASE DO NOT RELY THESE TYPES OF COMMUNICATION; IT WILL BE NECESSARY TO SCHEDULE AN OFFICE APPOINTMENT SO THAT CONFIDENTIAL COMMUNICATION CAN OCCUR FACE TO FACE. HIPAA does allow this type of communication with informed consent, or, if a client initiates confidential communication via non-HIPAA compliant methods, the health care provider can assume (unless the client has explicitly stated otherwise) that these communications are acceptable to them. If the provider feels the client may not be aware of the possible risks of using these methods, or has concerns about potential liability, the provider may alert the patient of those risks, and let the client decide whether to continue e-mail, telephone, or text communications.

I understand that communication with the treating clinician and/or staff outside of Little House on Mackinaw, cannot assure HIPAA compliant confidentiality. I authorize the treating clinician and/or staff to communicate with me via:

- e-mail
- telephone
- text message

Signature

Date

**Receipt and Acknowledgment of Notice of Privacy Practices
and Authorization to Contact by Telephone/Verbally in Event of Breach of PHI**

- I hereby acknowledge that I have received and have been given an opportunity to read a copy of Little House on Mackinaw's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the treating therapist.
- I authorize the treating therapist to provide notice to me by telephone or verbally in the event of a breach of my protected health information (PHI) by the treating clinician and/or staff. Such conversation shall be documented by the treating clinician. Portability and Accountability Act of 1996 (HIPAA) Final Rule modifying the HIPAA Privacy, Security, Enforcement & Breach Notification Rules, the verbal or telephonic notice provided to me pursuant to this authorization shall not be simply for the administrative convenience of Diane Kukulis, ACSW, LMSW.

Client or Parent/Guardian Signature if signing as a personal representative of an individual, please describe: (power of attorney, healthcare surrogate, etc.). Date

Client/Parent Refused/Declined to Sign Acknowledgement of Receipt:

Signature of Clinician

Date