

Stress & Trauma Treatment Center, Inc.



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Consent to Treat and Limits to Confidentiality

I give consent for the following individual(s) _____ to participate in treatment provided by the Stress & Trauma Treatment Center. I understand that I may withdraw my consent to treatment at any time by means of a written letter.

Confidentiality Provisions

The contents of a treatment session are considered to be confidential. Both verbal information and written records about a client can not be shared with another party without the consent of the client or the client's legal guardian. It is the policy of the Center to not to release any information about a client without a signed release of information. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the healthcare professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the healthcare professional is required to report this information to the appropriate social service and/or legal authorities.

Professional Misconduct

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding a health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Insurance and Payer

With the exception of the client's that choose to pay out-of-pocket for treatment services, the clinic will submit reimbursement billings to their insurance provider or payer source and may request a Registration Identification Number from the state of Illinois. Submissions may be for prior authorization of services/coverage, reimbursement for services, grant funding reports, information requested for auditing purposes, or progress reports.

Court Orders

Mental Health professionals are required to release records of clients when a court order has been placed.

Coordination of Treatment Services

SATTC will share and receive protected health information for the purpose of treatment coordination with the HFS Designated Care Coordination Services Organization (CCSO).

Minors/Guardianship

Parents or legal guardians of non emancipated minor clients have the right to access the clients’ records.

Training & Consultation

Information about clients may be disclosed in consultations with other professionals in order to provide the best treatment. If a Mental Health Professional is sharing client information for their own training, identifying client information will be redacted and not shared.

Referrals

The Center utilizes an electronic referral system to improve the quality of referrals for resources and services. Limited demographic, medical and social information will be shared through a HIPAA compliant system for the purpose of referring and connecting the client with services or resources.

Other Provisions

The clinic or mental health professional must text or telephone the client for purposes such as appointment reminders, cancellations, or to give/receive other information. Although limited information will be disclosed during these communications, shared phones, out-of-date contact information, or inaccurate information in our record system may limit confidentiality.

I give consent for the above mentioned individual(s) to participate in treatment services, know that I am responsible to pay any fees or costs of services incurred, and understand the meaning and ramifications of the limits of confidentiality.

Client’s Signature (Required for 12 or older)

Date

Guardian’s Signature (If applicable)

Date