

## **PROVIDENCE SERVICE, LLC**

**PHONE NUMBER: 615-668-4485 OR 615-668-4486**

### **Informed Consent to Treatment**

1. I will be given a clear description from my service provider regarding the problems, diagnosis, personal strengths/limitations, and treatment interventions proposed.
2. I will be given a clear recommendation for the types of treatment recommended, such as individual counseling/therapy, group counseling/therapy, family/couples counseling/therapy, addictions counseling, and/or psychiatric services, seminars or other educational opportunities available to me. Times, dates, and session length will be discussed with my assigned Staff Clinician(s). Patients needing specific type of counseling will be referred to specialist.
3. I voluntarily agree to undergo behavioral health treatment and understand that I may end treatment at any time. I understand that my Staff Clinician may want to discuss this with me, but that I reserve the right to stop treatment. Furthermore, I understand that my Staff Clinician may make diagnostic and treatment recommendations with which I do not agree (e.g. modality of treatment, duration of treatment, frequency of visits, etc.).
4. I understand that my Provider cannot guarantee results (e.g., complete resolution of symptoms) However, there will be clearly stated reasons, goals, and objectives for continuing/discontinuing behavioral health treatment. This will be discussed with my Staff Clinician.
5. I understand that there may be some risks in participating in behavioral health services. These may include, but are not limited to, addressing painful emotional experiences and/or feelings; being challenged or confronted on an issue; re-uniting with family members; I am aware that I can discuss any unforeseen risks vs. benefits with my Staff Clinician at any time. In the case of psychiatric care, medications, side effects, and alternative treatments will be discussed.
6. I understand that I have the right to an interpreter (sign or language) if necessary.
7. I understand that in the case of an emergency, I am to immediately dial 911, go to the closest hospital emergency room, or contact the County Crisis Line in the county where I am located:
  - 1-800-631-1314 and 602-222-9444 (Maricopa County)
  - 1-800-796-6762 or 520-622-6000 (Pima County)
  - 1-866-495-6735 (Graham, Greenlee, Cochise, and Santa Cruz Counties)
  - 1-800-259-3449 (Gila River and Ak-Chin Indian Communities)
  - 1-866-495-6735 (Yuma, LaPaz, Pinal and Gila Counties)
  - 1-877-756-4090 (Mohave, Coconino, Apache, Navajo, and Yavapai Counties)

Emergencies are generally life-threatening in nature. I have discussed with my Provider how to access this service.

8. I understand that if I have a grievance with my Provider, I will first attempt to communicate this directly to him/her. In the event that the grievance is not satisfactorily resolved, I understand I can write a letter to the CEO or Director of Operations regarding my concerns.

9. I understand that this "Informed Consent/Limits of Confidentiality Form" is not intended to be "all inclusive" of aspects of my behavioral health treatment. It is only intended to provide some useful information before deciding to engage in behavioral health treatment.

### **Limits of Confidentiality**

1. The information that you share with your Provider is considered to be confidential. In most cases, information cannot be released to another party without your written consent. However, in certain circumstances, information can be shared legally without your permission. These circumstances include:
  2. Suicide: if you are assessed to be a danger to yourself; cannot guarantee your physical safety against the intention of suicide; and/or have immediate suicidal plans, this information is not considered to be "confidential". Actions may be taken to ensure your safety.
  3. Homicide: if you are assessed to be a danger to others; cannot guarantee their safety; and have immediate, specific plans to cause fatal injury/harm to another person, this information is not considered to be "confidential". Actions may be taken to protect the safety of others. The police may be notified of your intentions as well as the intended victim.
  4. Court order/subpoena: Your Staff Clinician (s) can be required to relinquish a copy of your written Clinical Health Record to the appropriate Courts. Staff Clinicians can also be subpoenaed to testify in court without your consent.
  5. Child abuse/neglect: Arizona Law requires your Staff Clinician to report to the appropriate authorities (i.e. Child Protective Services) any suspicion or evidence of child abuse or neglect. This law also applies to past incidents of abuse or neglect.
  6. Elder abuse/neglect: Arizona Law requires your Staff Clinician to report to the appropriate authorities any suspicion or evidence of elder abuse/neglect.
  7. Laws regarding minors in mental health services: certain information may be shared with parent/legal guardians at the discretion of the Staff Clinician(s).

### **Report Child Abuse or Neglect**

#### **Arizona Adult Probation**

**602-506-7249**

#### **Arizona Child Abuse Hotline**

**[1-888-SOS-CHILD \(1-888-767-2445\)](tel:1-888-SOS-CHILD)**

A report of suspected child abuse, neglect, exploitation, or abandonment is a responsible attempt to protect a child. Arizona law requires certain persons who suspect that a child has received non-accidental injury or has been neglected to report their concerns to DCS or local law enforcement (ARS §13-3620.A). YOU may be a child's only advocate at the time you report the possibility of abuse or neglect. Children often tell a person with whom they feel safe about abuse or neglect. If a child tells you of such experiences, act to protect that child by calling the toll-free **Arizona Child Abuse Hotline at 1-**

**888-SOS-CHILD** (1-888-767-2445). To learn more about Mandated Reporting, select "Who must report?" from the following list.

8. Confidential information may also be used in several ways within The Providence Service without your written permission for coordinating services and delivering quality care. You may be informed if this is the case. These may include:

1. Consultations and case conference with other Staff Clinicians at Providence Service..
2. In supervisory meetings with student interns at Providence Service if needed
3. With providers in other services here at Providence Service
4. For billing purposes: a diagnosis is given to your third-party payor (insurance, EAP, Medicare, and/or private insurance companies/HMO's where applicable for reimbursement purposes.