



Client name: _____

Date: _____

Professional Disclosure Contract and Consent for Assessment

Thank you for choosing Cocoon Mental Health Clinic. It is our goal to help youth and adults aged twelve and up experiencing mental health issues find relief and manage day-to-day easier.

We begin with a comprehensive clinical **Mental Health Nursing Needs Assessment** to get to know the client's story and specific goals. On average, this takes between one and three appointments. Using our bio-psycho-social approach to mental health and acute psychiatry experience, we can build a picture of why problems are occurring, and what treatment will be most effective in improving daily life. Our tools include Mental Status Exams, screeners, intensive psychosocial assessment, and suicide risk assessment.

Together, we create a plan of next steps. This may include advisement to other professionals, and you'll likely be presented with options for continued care with your psychiatric nurse. Ongoing care may include medication review, psychoeducation, therapy skills, school support, follow-up and case management, and advocacy. This stage is called **Care Plan Implementation**. Specific factors are taken into consideration including financial or time constraints, and no two will look alike.

We are not able to provide clients with diagnoses or prescribe medications. However, we work alongside primary care providers to obtain answers and interventions in this regard.

Appointments: Can be made via phone/text/email as determined by client and nurse. If unable to attend, please provide as much notice as possible.

Email & Voicemail: To ensure your privacy, communication between Cocoon Clinic personnel and clients will contain limited personal health information. It is also important to note that the email account may not be checked regularly and is not a reliable method of contact should you require more immediate assistance. Please also note that voicemail may not be checked on a regular basis and, as our email accounts, are not a reliable resource in the event you are in need of immediate assistance. Please contact crisis services for any urgent needs.

Custody Arrangements & Third Party: Where custody orders deem one parent as the decision-maker, it is the responsibility of the parent to resolve with the other parent any issues that may arise related to this process. Cocoon Mental Health Clinic does not provide verbal or written reports for third parties (e.g. lawyers and insurance companies).

Sharing of Information with parent(s): Every effort will be made to work with the parent(s) when your child is involved with the nurse. However, dependent on age and capacity, only information that has been agreed to by the child (except disclosures of abuse, risk to self or others, or deemed to be in the best interests of the child to share) will be discussed with parent(s) in order to preserve therapeutic rapport.

Confidentiality:

This is a bit of a complex subject. Trust is crucial to the relationship with your care provider and what you hope to accomplish together. Your nurse will hold your health information in strict confidence. Session notes will be kept on a secure server and paper files with demographic information will be kept in a locked drawer. However, there are several exceptions and pieces of legal legislation to ensure that we as health care providers are helping to keep you safe.

According to the **Personal Health Information Act (PHIA)**, information can be shared without consent in three scenarios:

- 1) When there may be danger to the child or to another person, the clinician may take the necessary steps to prevent this danger.
- 2) When there is information suggesting that a child is in need of protection, or is at risk of being abused, the clinician must inform Child and Family Services to ensure that the child is protected.
- 3) When the nurse receives a valid court order to provide health records, testimony, the law states the clinician must do so.

The Protecting Children (Information Sharing) Act

It is important for you to know that, according to **The Protecting Children (Information Sharing) Act**, I have the legal ability to share your information with other service providers without your consent or permission. However, under this act (law), the only way I can share personal information about you, or your child, with other service providers, is if I reasonably believe sharing the information is in the youth's best interests and necessary to plan or provide services or benefits to the youth. Also, if I share personal information about you, or your child, with another service provider, I must share only the minimum (least) amount of information necessary to achieve the purpose for which it is shared, include relevant information that I know about your strengths and that of your child, take reasonable steps to ensure that the information is accurate and not misleading, and ensure that sharing the information is not prohibited by another act (law), such as The Child and Family Services Act and The Youth Criminal Justice Act.

As a service provider, I will carefully follow these rules about information sharing, and always keep in mind that the only way I can share personal information under this act is if I reasonably believe that it is the youth's best interests to do so. Please note that other laws may allow me to share personal information, according to different rules.

Case Consultation

Our team will be meeting weekly to discuss cases as a group to ensure quality of care and allow for multi-disciplinary feedback. During these discussions, we may discuss details of you/your child's case, but will only use first name, last initial and will provide as few identifying factors as possible.

Assessment & Treatment: The assessment and treatment of mental health difficulties is ongoing. In order to provide the best service possible, it is often beneficial to collaborate with other involved services providers by exchanging information. Please enter information of service providers involved in the client's care, confirming that information can be shared.

Primary care provider: _____

Other service providers: _____

Professional Fees

Appointments will be 50-60 minutes in duration. The cost will be \$150/hour. Please expect the Mental Health Nursing Needs Assessment to take 1-3 sessions. After this point, we will present you with a Care Plan recommendation and will be transparent about costs. With your permission, we can assist you in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting us know if/when your coverage changes.

I, or my parent/guardian, understand that by meeting with the psychiatric nurse, I/we will be engaging in evidence-based, best-practice assessment and treatment for mental health difficulties. I/we will be able to actively consent and participate in all treatment decisions.

This information and agreement remains in effect until the file is closed, however can be revisited at your request at any time. I have read the above and understand the service as described.

I understand that Cocoon Clinic is not a crisis service. I understand that emails and phone calls may not be responded to immediately. If I am in crisis I will call a crisis line such as the *Manitoba Suicide Prevention & Support Line (24/7): 1-877-435-7170*.

Client Signature

Date

Guardian Signature

Date

Nurse Signature

Date