

# Salveo Counseling Center

## Family behavioral, psychiatric and mental health

### INFORMED CONSENT FOR EVALUATION AND TREATMENT

#### **Right to Choose the Best Treatment and Provider**

There are a variety of professionals offering counseling, psychotherapy and psychiatric evaluations. There are also a number of different approaches to working with human issues. It is your right and responsibility to choose the treatment and provider that best matches your needs. You also have a right to a detailed explanation or any treatment or procedure your provider may choose to use including the risks involved and the side effects if any. If you believe you are not receiving the treatment you require, please raise this concern with me and I will work with you to revise your treatment plan or to refer you to other professionals who may be able to meet your needs.

#### **Qualifications and Training**

I am a Family Psychiatric Mental Health Nurse Practitioner and am a Master's prepared graduate from the Seattle University. I am nationally board certified by ANCC and am licensed to provide therapy and prescribe psychiatric medications. In addition to the information used to determine appropriate psychiatric treatment, I obtain additional information from reading peer reviewed journals, consulting with highly experienced psychiatric nurse practitioners and MD's, consulting with other mental health care providers, primary care providers and yearly continuing education.

#### **Risks Benefits**

I use evidence based practices. The therapy methods and medications prescribed have shown to be effective with some but not all clients. I cannot guarantee positive results. External factors, such as events in the client's life or irregular attendance, can interfere with progress. In addition, at times therapy can also lead clients to experience distress for a time as they are dealing with painful feelings. Please feel free at any time to discuss your questions or concerns with me about the treatment I am providing.

#### **Right to Refuse or Stop Treatment**

It is your right to stop treatment at any time and for any reason. If the client is a minor, then the parent(s) or legal guardian has the right to refuse or stop treatment for the minor. I also have the right to refuse or terminate treatment, in which case you will be provided with alternatives. If you have concerns regarding your treatment or wish to discontinue, you are encouraged to discuss this with me.

#### **Medication Management**

All medications have the potential for causing side effects in some individuals. You have the right to have all of your questions answered regarding benefits and side effects. The use of prescribed medications is completely voluntary, unless court ordered. All medications should be taken as prescribed.

#### **Length and Type of Treatment**

Medication management sessions are more frequent in the beginning or after changes are made, and then typically occur monthly or every three months. Duration of treatment varies depending on individual client needs. For almost all mental health conditions, participation in psychotherapy is a vital part of recovery. Generally, we refer therapy to licensed qualified providers who can collaboratively ensure the best quality care for your mental health.

#### **Minors 13**

Psychiatric Mental Health Nurse Practitioners may provide treatment to a thirteen year-old without consent of his/her parent.

**Limits of Confidentiality**

The contents of an intake, medication management, counseling or assessment session are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of this office 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 health care 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 suggest 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 health care professional is required to report this information to the appropriate social service and/or legal authorities.

**Court Orders**

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

**Other Provisions**

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client or any identifying information, is not disclosed. Clinical information about the client is discussed. In some cases notes and reports are dictated/typed within the clinic or by outside sources specializing (and held accountable) for such procedures.