

## INFORMED CONSENT TO TREATMENT AGREEMENT

As your mental health professional, I will disclose no information obtained from your contacts with me or the fact that you are my patient, except with your written consent. However, there are some important exceptions to this confidentiality rule, as described below, or as otherwise specified by law:

1. It is my policy to provide information to others without your further consent, in certain circumstances:
  - a) Harm to Yourself or Someone Else. (If I believe that you are at imminent risk for harming yourself or someone else, I will disclose information to the extent needed for insuring your safety or the safety of others.)
  - b) Vacations and Emergencies. (When I am on vacation or away from the office for extended periods of time, a colleague may cover for my practice and take emergency calls. If she/he will need information in order to assist you in my absence, I will provide it without using your full name; you and I will discuss that plan in advance.)
  - c) Consultation. (To insure that I am providing quality care, I sometimes meet with a consultant. In so doing, I do not reveal identifying information. I will provide names of my consultants upon request.)
  - d) Answering Service. (On nights and weekends, I use the Hello, Inc. Answering Service. They understand my confidentiality policies, and after paging me they will keep no record of your name or phone number.)
  - e) Billing Service. (The Westwood Group office staff has access to the information necessary for preparing monthly statements and submitting insurance claims.)
  - f) Partners and Employees. (My office partners do not have access to my records. However, we share a general secretary who takes messages when the office is open.)
  
2. Virginia law requires psychologists to release information to others in certain circumstances:
  - a) Virginia therapists are required by law to report certain information:
    - (1) Suspicion of abuse or neglect of a child or of an aged or incapacitated adult must be reported to the Board of Social Services.
    - (2) Information that a Psychologist is engaging in unethical or illegal practice must be reported to the Board of Psychology.
    - (3) If you are licensed by a Health Regulatory Board, I am required to report that you are receiving therapy if I believe that your condition places the public at risk.
  - b) Virginia law imposes upon therapists the legal duty to protect other members of society from harmful actions by their patients. Voiced threats of direct harm to another person can result in notification of the potential victim, law enforcement officers, and/or others as specified by statute.
  - c) In Virginia court cases, therapist-patient privilege may not apply in certain cases, including:
    - (1) criminal cases
    - (2) child abuse cases
    - (3) any court case in which your mental health is an issue, and/or
    - (4) any case in which the judge “in the exercise of sound discretion deems it necessary to the proper administration of justice.” This means that information communicated to a therapist can be admitted as evidence in a court case against your wishes if a judge so rules. Others sometimes issue a subpoena seeking either treatment records or testimony from your present or former therapist as evidence in a court case (including child custody cases). If I receive such a subpoena, I will inform you immediately and, with your consent, will cooperate with your attorney in filing motions to quash the subpoena and requesting that the confidentiality of the therapy relationship be protected. However, only the judge may decide whether or not the requested information or records must be disclosed.

- d) Virginia law allows certain others to request access to treatment records in specific circumstances, including
  - (1) Protective Service Workers to whom I have reported suspicion of abuse or neglect, if they so request;
  - (2) Court-Appointed Special Advocates in child abuse or neglect proceedings, if the court so orders and
  - (3) Evaluators for minors' involuntary commitment to inpatient treatment, if they so request.

In such cases, I will make every attempt to limit the information disclosed by substituting an oral or written report rather than submit actual treatment records.

- d) If you are under 18, Virginia law allows your parents to obtain information and/or records related to your treatment. There is an exception to this if you are in treatment for drug or alcohol abuse (substance abuse).

3. Information will be provided to third party payers, i.e., insurance companies, only with your consent:

If you wish to obtain third party reimbursement for mental health services, certain information must be provided. You must decide whether to give consent for me to release the necessary information to an insurance company (or other third party payer) in order to receive reimbursement. Initially, that usually involves providing information about dates of treatment, type of treatment, and nature of your problem (diagnosis). If I receive requests for further information, these will be disclosed with you before the information is provided.

**Regarding Managed Care Insurance:**

If your insurance company contracts with a company to administer (manage) the mental health portion of your health care benefits, this is called managed care. Many managed care companies require that you obtain a referral from your primary care physician and/or pre-authorization from a case manager in order to receive mental health services. In advance, (1) we will discuss possible limits on the benefits available through your plan; (2) we will review a Treatment Plan so that you understand what information I would be required to submit in order to request authorization for your treatment; and (3) we will discuss the payment plan that will be in effect in the event that our work together continues past the point when third party authorization/reimbursement is no available.

Most managed care companies initially authorize a limited number of sessions, then require that I complete a form (Outpatient Treatment Plan) pertaining to your presenting issues, your diagnosis, a brief description of your current situation, and goals for our work together. If additional sessions are authorized, updated Treatment Plans about your progress may be required throughout our work together; we will discuss the content of each Treatment Plan before it is sent to the managed care company.

As a consumer of mental health services, you need to know that the information provided to any third party becomes a permanent part of your file with them, and that neither you nor I will have control over the further confidentiality of that information, including whether it is made available to an insurance data bank and/or your employer or is re-released for other purposes.

**DOCUMENTATION OF PATIENT AUTHORIZATION:**

I understand that if I receive mental health services from Dr. Lynch, the above limitations may be imposed on confidentiality. I hereby accept those limits of confidentiality and consent to receive treatment under those conditions.

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for claims to be submitted for third party (insurance) reimbursement..

PATIENT/ /PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_