



## Fillmore County Hospital

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### **THERAPIST-CLIENT SERVICE AGREEMENT-INFORMED CONSENT**

**The following is a description of your rights and responsibilities. Please read carefully before signing your consent to meet with a therapist.**

Welcome to Fillmore County Hospital Behavioral Health Services. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

#### **PSYCHOLOGICAL SERVICES**

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Your therapist has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things outside of sessions.

The first sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some initial impressions of what our work might include. At that point, you and your therapist will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with the therapist. If you have questions about procedures, please discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

Your participation in the counseling process is voluntary, and you may withdraw at any time. All counseling services will be discontinued at your request or when you and the therapist have determined that your goals have been met and your problems resolved. You have the right to ask questions about treatment at any time. If you are dissatisfied, you have the right to talk to the therapist that works with you about your dissatisfaction, and if problems cannot be resolved, you have the right to talk to Stephanie Knight, Program Director, at 402-759-3192.

You will be involved in developing a treatment plan and participating in counseling activities. You have the right to be informed about specific services and procedures, including information about risks, benefits, and alternatives to each activity proposed for treatment.

Appointments will ordinarily be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide me with 24-hours notice. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. If it is possible, we will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time.

#### **PSYCHIATRIC SERVICES**

All Behavioral Health Services at Fillmore County Hospital are provided by licensed mental health practitioners and are supervised by medical director, Dr. Lawrence Widman, MD, and Patricia Lenz, APRN. Both of these providers are available to all patients receiving treatment through Behavioral Health Outpatient Services.

You have a right to have your medications prescribed and reviewed by the provider of your choice. If you would like to have your medications reviewed by our providers, please notify your therapist and an appointment will be scheduled for you. If you are not currently under the care of a psychiatrist or APRN, part of your routine care at our office will be to have your medications reviewed by our providers at least every 90 days.

#### **FILLMORE COUNTY HOSPITAL**

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Fillmore County Hospital is an Equal Opportunity Provider and Employer.



Fillmore County Hospital

**INSURANCE**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, our billing service will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting our office know if/when your coverage changes.

**CONFIDENTIALITY**

Your right to privacy is protected by federal and state laws. This means that information discussed during therapy interactions is confidential and that no information can be released to anyone without authorization from you. Information will be shared with the necessary person as outlined below.

1. You request therapist to share information.
2. Therapist determines that you are a danger to yourself and require intervention to prevent harm.
3. Therapist determines that others are a danger to you or have harmed you.
4. You share intent to harm another person.
5. Therapist is ordered by a court of law to disclose information.

As part of routine psychotherapy practice, therapists may consult with peer providers in the clinic. This helps your therapist ensure that your treatment plan is accurate and effective and that you are being helped the best way possible. Information shared among professionals is subject to the same level of confidentiality as that shared in the counselor-client relationship.

During the counseling process, you will share much personal information including medical information, symptoms, thoughts and feelings. Your therapist will keep confidential anything you say and anything that is recorded in your client record.

**PROFESSIONAL RECORDS**

Each time you participate in a counseling sessions, a record is completed. Any secondary notes will be destroyed upon conclusion of the counseling process. Records may contain assessment information, symptoms, diagnoses, notes from the session, and plans for future treatment. Your records will be kept secure at all times at the Fillmore County Hospital Behavioral Health Clinic office.

Your signature below indicates that you accept and agree with the information explained above and are willing to participate in psychotherapy treatment at Fillmore County Hospital Behavioral Health.

Client signature	Printed Name	Date
Witness signature	Printed Name	Date