

HealthQuest
Consent for Evaluation and Treatment

Clear and direct communication is important for effective psychiatric and psychological services. In order to provide you with clear information regarding practice policies, we have developed this handout. Please talk with us about any question you may have. It is important that you understand this information.

CONFIDENTIALITY: Information regarding services provided is controlled by the patient. There are several exceptions to this rule:

- 1) Under this law we are to take whatever actions seem necessary to protect people from harm.
- 2) We are required to contact the Department of Human Services if we have a reason to believe that you are abusing or neglecting children or a dependant adult.
- 3) If you have been referred to this agency by court, you can assume that the court wishes to receive a report of the evaluation. Discuss with us what information will be requested. In such instances, you have a right to tell us only what you want us to know.
- 4) If you are involved in legal actions of any kind and inform the court of services that you receive from us (making your mental health an issue before the court), you may be waiving your right to keep your records confidential. You may wish to consult with your attorney regarding such matters before you disclose that you have received treatment.
- 5) In addition, if you are referred by another professional, communication regarding pertinent treatment considerations will be maintained with that professional, unless you specify to the contrary. Please discuss with us any questions you have regarding the confidentiality of information you share with us.
- 6) Most insurance companies, other payers, or manage care companies require the provider to release information regarding diagnosis, type and place of service, date of service, treatment plan, or other confidential information.

BENEFIT AND RISK OF THERAPY:

Therapy is an interactive process between the patient and therapist. It is meant to promote change and understanding. Sometimes this process is emotionally painful and at other times very fulfilling. You will be expected to contribute to all decisions regarding intervention advised for you, including out of session tasks. You have the right to refuse or alter any intervention. You should question the rationale of treatment if it is unclear to you. While we have every expectation of helping you determine and achieve personal therapeutic goal, we cannot guarantee any specific outcome.

After Hours

In the event you have a need for services after hours, holidays, or when the office is closed, we have a 24-hour answering services for your convenience. Please call our office at (901) 566-1002. You will find this number in the telephone book or on our business card. The answering service will notify our staff. Your HealthQuest provider will call you back as soon as possible. Further, the Suicide Crisis Hotline is available to you. Please call '911' to report any emergencies.

BY SIGNING MY NAME BELOW I SHOW THAT I HAVE READ THE PRACTICE POLICIES OR HAVE BEEN EXPLAINED TO MY SATISFACTION. I HAVE HAD ALL MY QUESTIONS ABOUT FEES, CONFIDENTIALITY, INSURANCE OR OTHER MATTERS ANSWERED, AND HAVE RECEIVED A COPY OF THIS CONTRACT IF SO REQUESTED.

I _____ HEREBY CONSENT TO EVALUATION AND TREATMENT.

SIGNATURE OF THE PATIENT OR RESPONSIBLE PARTY

DATE