Informed Consent

Thank you for choosing Heights Anxiety and Depression Center for your behavioral health needs.

Scheduling your first appointment is often a difficult decision. Congratulations on taking this step. We look forward to collaborating with you.

Heights Anxiety and Depression Center offers a wide range of therapeutic approaches and psychotherapy services to adolescents and adults. Clinicians at Heights Anxiety and Depression Center are approachable and specialists in providing therapeutic services.

CONFIDENTIALITY Information provided by you in this counseling/psychotherapy relationship is strictly confidential and will not be divulged except:

1. Information about the abuse, neglect or exploitation of a minor child, elderly or disabled person must be reported to the proper authorities as required by Texas law.
2. Information indicating an eminent physical threat of violence to yourself or another person may include reporting to the appropriate authorities.
3. When you provide written authorization allowing disclosure.
4. Certain court orders can require disclosure of some information.
5. Sometimes consultation with another clinician may be necessary. When this occurs, reasonable efforts will be taken to protect your identity.

All patients have the right to be informed of the goals and purposes, techniques, procedures, limitations, possible risks, and the benefits of services to be performed. Goals of treatment and procedures to be used will be agreed upon by the patient and the clinician. This is usually done in the first or second session, after the clinician has obtained an extensive psychosocial history from the patient. This history enables the clinician and the patient to complete the most effective treatment plan and set appropriate goals for therapy.

It is impossible to guarantee any specific results regarding counseling and psychotherapy outcomes. Many variables, including the quality of collaboration between the patient and the clinician, compliance with therapeutic recommendations, and the patient's motivation to reach desired outcomes, affect the result.

Please be assured our services are rendered in a professional manner consistent with accepted ethical standards. Our clinicians subscribe to the ethical standards of the American Counseling Association and the National Association of Social Workers, respectively.

A therapeutic relationship strives to explore and resolve difficult life issues. As people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. Self-awareness and self-acceptance are goals that sometimes take a long time to achieve. While some patients' may need only a few therapy sessions, others may require months or even years of therapy. Patients are in complete control and may terminate the therapeutic relationship at any point for any reason, and our clinicians will be supportive of that decision.

Although therapy sessions will be intimate, it is important our patients understand we have a professional, rather than personal, relationship. Contact with the clinician will be limited to the paid session, or emergencies after-hours. Please do not invite your clinician to social gatherings, offer gifts, or ask them to relate to you in any way outside the therapy session. You will be best served if the relationship remains strictly professional and if the sessions concentrate exclusively on your concerns. You will learn a great deal about your clinician as you work together during the therapeutic experience. However, it is important for the patient to remember they are experiencing the clinician solely in their professional role.

Notice of Privacy and Confidentiality: Privacy and confidentiality is a cornerstone of psychological treatment. Discussions between the clinician and the client are confidential. No information will be released without your written consent, unless mandated by law.

Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; criminal prosecutions; child custody cases; suits in which the mental health of a party is an issue; fee disputes between the provider and the client; a negligence suit brought by the client against the psychotherapist; or the filing of a complaint with the state licensing board or other regulatory body.

If you have any questions about confidentiality, you should bring them to our attention so that we can discuss the matter further. By signing this information and consent form, you are giving your consent to your clinician to share confidential information with all persons mandated by law and with the agency that referred you and the managed care company and/or insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding your clinician harmless from any departure from the right of confidentiality that may result.

Psychotherapy notes will have a high level of protection under the HIPAA (Health Insurance Portability and Accountability Act of 1996) privacy regulations that took effect in April 2003. Then their contents may not be divulged without your specific authorization, which is not permitted to be required as a condition of insurance coverage. Other exceptions to the special protection of psychotherapy notes under law are to prevent harm to the patient or others, for the provider's
defense in legal actions, regulatory actions, regulatory oversight of the provider's professional status, confidential supervision in training situations, or investigation by a medical examiner in the

event of a patient's death. We serve as the Privacy Official and contact person as required by HIPAA. We keep electronic medical records and any electronic files are password protected to protect your information. Records will be retained as required by law. If you give consent for the release of medical information from your general medical record, in compliance with HIPAA, we will disclose only the minimum amount of information necessary to serve the purpose for which the request has been made. The American Psychiatric Association has defined guidelines for minimum disclosure. Also, under HIPAA regulations, we will provide you with a notice of privacy practices. We must ask you to sign a HIPAA release of information and provide you with notice of privacy practices. We will be very happy to discuss any part of this notice with you at your request at any time.

Confidentiality and Third-Party Payers: You should realize that any information given at your request to an insurance company or managed care company is thereafter beyond our control. Health insurance companies sometimes give information to the medical information bureau, which may affect your future eligibility for life, disability, or other insurance. Some employers obtain identifiable data from administrators of their health insurance. Medicare and other insurance plans have the right to inspect the medical records of subscribers who file claims. In our experience, such events are rare, and we would resist them to the greatest extent legally possible, but it is important that you know that this can happen if you choose to file claims for insurance or Medicare payments. However, the best safeguard for your privacy is not to involve third parties in your treatment. Other breaches of privacy could occur in extreme situations that are beyond our control and are required by law or are essential to prevent imminent serious harm.

Services Provided by Telephone or Teleconference: When it is impractical or impossible for you to come to the office for a session, your clinician may opt to offer a session via telephone or teleconference/video chat. While we encourage in-person therapy sessions when possible, we understand that there are instances, including local, state, or national emergencies, that may require a session to be provided through electronic means. Our system does provide the same level of privacy as your in-person sessions; however, due to the nature of teleconference/video chat methods, there is a potential for your voice to be heard by others who may within earshot of your clinician. All of our clinicians consider privacy of your sessions to be of the utmost importance and therefore take reasonable measures to prevent this from occurring. Unlike in-person sessions, your insurance may not cover this service. Please see the credit card authorization form for additional information regarding payment options for this service.

Initial Treatment Plan: By signing this information and consent form below, I agree to the initial treatment plan below. Usually the initial treatment plan begins only with a psychiatric evaluation unless otherwise stated below.

Consent to Treatment: I voluntarily agree to receive mental health assessment, care, treatment, or services and authorize the undersigned provider, Heights Anxiety and Depression Center, to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services. By signing this treatment information and consent form, I the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Many opportunities have been offered to me to ask questions and seek clarification of anything unclear to me.

Treatment Information and Consent Form

Nature of the Therapeutic Relationship: Your plan of care will involve psychotherapy and requires an active engagement on your part to talk about your life openly and honestly. If difficulties arise, we hope that we can work together to resolve them as quickly as possible.

Your relationship with your clinician is a professional and therapeutic relationship personal and/or business relationships undermine the effectiveness of the therapeutic relationship.

Client Signature	Client Printed Name	Date

Representative Signature	Representative Printed Name	Date

Therapist Signature	Therapist Printed Name	Date