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**Community Behavioral Health Services (CBHS), formerly Catholic Charities Counseling**

1960 Holy Names Court, 3rd Floor

Spokane, WA 99224

WA State License #200491

**INFORMED CONSENT NOTICE**

 Welcome to Community Behavioral Health Services (CBHS). We provide a variety of behavioral health services including individual, group and family therapy, case management, and peer support. Our goal is to provide you with high quality behavioral health care, and with your written permission, to coordinate your care with your medical provider when necessary or other social services that may be of benefit to you. This document will outline what you can expect from our services.

**To Start With:**

You will be provided an intake assessment which will look at many aspects of your life which affect your emotional well-being and satisfaction with life. Based on the information you provide, the clinician completing the intake assessment will make a diagnosis which will be shared with you and will summarize the general direction you would like your treatment to go.

Your assigned clinician will provide you with a copy of his or her Professional Disclosure Statement which will give you more information about the therapeutic approach your clinician is trained in and how s/he approaches the change and healing process.

Your intake assessment and ongoing therapy sessions may be provided through telehealth communication. Telehealth includes the practice of behavioral health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

**Treatment Plans:**

A treatment plan will be developed by you and your assigned clinician between the first one to four sessions. This treatment plan will outline your goals and how treatment will help you reach those goals. The more feedback you provide to your clinician as to how things are going, the better able he or she will be able to tailor your treatment to what works for you.

 Treatment plans should be reviewed and updated whenever needed, such as when you have reached your goals, if you are not making the progress, you thought you would, or if something out of the ordinary happens to you such as a death in the family, divorce, or other stressful event. Please let your clinician know if you would like to discuss or change your treatment plan at any time during your treatment.

**The Discharge Plan:**

You and your clinician will also talk about how you will decide when treatment is completed – this will be your discharge plan. You can end treatment at any time, but it is nice to have a plan in place, so you acknowledge the hard work you have done to make your life better.

Sometimes people reach their goals but have a hard time ending their treatment episode. Your clinician will help you with this transition. Our commitment to you is to work as quickly and efficiently as possible allowing you to make the changes you want and get the healing you need.

There may be times we need to refer you to another treatment agency for a different type of treatment (such as intensive substance use disorder treatment) or to a program which offers a higher level of care. Any time you feel you are not making progress; it is important to talk with your clinician about why this is happening and develop a plan that will address the lack of improvement.

Your counselor may talk with you about a different form of therapy that would be more effective for your needs, such as switching to in-person services if telehealth is not being effective; or if telehealth services would make it more convenient for you to attend sessions if you have transportation barriers to meeting in the office.

Many times, taking a break from services is helpful to the healing process and sometimes, no treatment is the best option. You will be the judge of which direction or modality is best for you.

**Payment for Counseling:**

 You will be provided with a Financial Agreement which you will sign for whatever payment method you choose to use for your services at CBHS.

**Types of Services:**

CBHS has several types of behavioral health clinicians. Therapists have Masters’ degrees in Psychology, Social Work, Marriage and Family Therapy or Counseling Psychology and are trained in several therapeutic methods and techniques. Therapy, or counseling, is designed to help people face and resolve emotional and relationship challenges, manage behavioral health conditions, and improve their quality of life.

CBHS Certified Peer Counselors are current or former consumers of mental health services, who can be supportive through their lived experience with a behavioral health condition and knowledge of the local behavioral health system. They undergo training and can be a vital part of helping you in your recovery from a behavioral health condition. Your therapist or case manager may suggest you meet our Peer Counselor and you are welcome to request these services.

CBHS Case Managers have many years of experience in helping individuals find employment, housing, and accessing other community resources. Your therapist may suggest you meet with one of our Case Managers and you are also welcomed to request these services. Some of our clinicians serve both as case manager and therapist or Peer Counselor/Case Manager.

You may request a change of clinician at any point in your treatment for any reason and we will attempt to accommodate your request. We urge you to talk to your clinician about your concerns of working with him or her; however, we do not require it. You may call our Consumer Care Coordinator at (509) 242-2308, to discuss transferring to another clinician.

Our clinicians treat a wide variety of behavioral health conditions that range from adjustment disorders to psychotic disorders. We are unable to provide services for sex offenders, child custody disputes, psychological testing, or forensic evaluations, however, we will offer you referrals should you need any of these services.

Finally, while behavioral health services can help any individual make improvements in his or her life, sometimes these services will bring up painful memories or feelings, or discomfort around challenging old beliefs/habits that no longer serve you. If you become overwhelmed with any of this, it is important you share this with your clinician so that he or she can change or slow down the work towards your goals. If you are using telehealth services, you may expect the anticipated benefits such as improved access to care and more efficient evaluation and management of care, but no results can be guaranteed or assured from either in person services or telehealth services.

Your insurance may determine which services are available to you. Please ask us if you have any questions about covered services.

**Telehealth Services:**

Telehealth involves the use of electronic communications to enable CCCBHS professionals to connect with individuals using interactive video and audio communications such as a telephone, Skype or Zoom meeting. Telehealth includes the practice of behavioral health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

The availability of telehealth services is entirely dependent upon restrictions your insurance company or Catholic Charities resources.

 CBHS utilizes secure, encrypted audio/video transmission software to deliver telehealth. In the unfortunate event that a call is lost, or a telehealth appointment is dropped, the therapist will make every attempt to reconnect the call or telehealth connection.

**Qualifications:**

All CBHS Therapists/Case Managers are Licensed Mental Health Counselors, Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, Licensed Mental Health Counselor Associates, Licensed Marriage and Family Therapist Associates, or graduate interns in Community Counseling, Marriage and Family Therapy, or Clinical Psychology. All Certified Peer Counselors have successfully completed a State of Washington approved training course and hold an Agency Affiliated Counselor credential from the State of Washington.

All clinicians are supervised by a Mental Health Professional, Pam Brown, MA, LMHC, LMFT, Approved Supervisor, Director of Counseling Services, P.O. Box 2253, Spokane, WA 99210-2253, 509-358-4271. pam.brown@cceasternwa.org

**“No Secrets” Policy when working with couples and families:**

In order to honor families, all CBHS clinicians follow a “no secrets” policy in that when you request couples or family counseling, no member will be allowed to share information with the clinician that cannot be shared with all persons involved in the therapy. For example, if you call your clinician between sessions, the content of the phone call will be discussed at the next session. This does not include individual therapy where the client has a family member or friend attend a session to address individual issues. We do not provide counseling for young children without their parents or guardians directly involved in the treatment, and we will provide counseling to teenagers with their parents or guardians attending a family session at least once per month.

**No-Show/Late Cancel Policy:**

 If you no-show or late cancel two (2) scheduled appointments within a 1-month period, you may be placed on “Same Day Call-In” status. This means, in order to see your clinician, you will need to call in and if there is an opening that same day, you can be scheduled for that time. **A no-show is any time you miss an appointment, and you did not call to cancel by 5pm the previous day.** You can be placed back on your counselor’s schedule for recurring appointments by regularly calling in and attending 3 (three) consecutive sessions.

If you are on “Same Day Call-In” status and your counselor does not receive any requests for an appointment within 30 days of your last regular appointment, your file will be closed. Please talk to your clinician to answer any questions about this policy.

**Client Rights:**

We will provide you with a separate handout or booklet that outlines your rights as a client at our agency. Should you have any questions please ask your clinician to clarify these rights. Some of these rights are summarized below.

**Confidentiality:**

CBHS takes client confidentiality very seriously. We always make every effort to comply with the state and federal standards of safeguarding protected health information. This level of confidentiality extends to telehealth services. In general, we cannot confirm or deny that you participate in services at our agency without your written consent. However, there are some exceptions to when client information can be disclosed. The exceptions are:

* If your clinician, based on your disclosure, believes that abuse or harm has been done or may be done to a child (any person under the age of 18) or to a vulnerable adult. In these cases, your clinician will tell you that s/he must make a report to the appropriate agency, Child Protective Services or Adult Protective Services.
* If your clinician believes you are a danger to yourself or another person. They will contact the authorities that best will be able to prevent or ensure the safety of you or the person at risk. Clinicians are also now responsible to report to law enforcement if you are a threat to a person or unknown persons, even if you do not make a specific threat to a specific person. We will inform you if we must make any report to these entities. And we will do so only to protect yourself or another person(s).
* If your clinician is subpoenaed and ordered to testify in a court of law and his or her objections to disclosure are overruled by a judge.
* If you bring charges against your clinician.
* You sign a Release of Information and specify what information may be disclosed and for how long the release will remain in effect.
* You are under 18 years of age and the victim of a crime, which includes physical and/or sexual abuse.
* In case of your death or disability, information may be released to your personal representative.
* You will be provided with a handout on our Social Media Policy and confidentiality limits of this technology.
* If you choose to join one of our classes or groups, please remember that while confidentiality guidelines will be established for each group or class, Community Behavioral Health Services cannot guarantee confidentiality in this setting. Please share any concerns you have with the group/class leader(s).
* It you are using telehealth services, please understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the therapist, that: the transmission of your personal information could be disrupted or distorted by technical failures, the transmission of your personal information could be interrupted by unauthorized persons, and/or the electronic storage of your personal information could be unintentionally lost or accessed by unauthorized persons.

**Emotional Support Pet Letters:**

We are no longer able to provide Emotional Support Pet letters.

**Grievances:**

A Grievance is an expression of dissatisfaction about some aspect of service such as, quality of care or services provided, aspects of interpersonal relationships such as rudeness of a clinician or employee, failure to respect your rights, or other issues you have not been able to resolve by talking to us about what you are not happy about. You can ask for help with your Grievance from a friend or family member or another personal representative. If you are comfortable with it, your clinician can help you submit your Grievance.

When we receive your Grievance, we may contact you directly within one working day to tell you we have received it. We must respond to you in writing within five (5) working days to acknowledge that we have received your Grievance even if we have spoken verbally to you first. Once we have your grievance, we will hold an investigation and notify you of our decision in not more than 90 days.

The person who makes the decision about your Grievance will not have been involved in any previous level of review or decision-making. If your Grievance involves a clinical matter, we must make sure the person or people making the decision about the clinical matter will be a Mental Health Professional with appropriate clinical expertise.

You or your designated representative will have a reasonable opportunity to present evidence about your Grievance if you wish to do so. We must send you a letter of resolution even if you are no longer in services.

You may file a Grievance orally or in writing by contacting:

Pam Brown, Director

Community Behavioral Health Services

1960 N Holy Names Court, 3rd Flr.

Spokane, WA 99224

509-358-4271

Should you disagree with our decision, you may contact Gene DiRe, Catholic Charities Executive Vice President for Advocacy Services and Programs at 509-358-3639.

We will do everything we can to resolve your Grievance to your satisfaction, but this may not always be possible. In those cases, you may wish to seek services at another behavioral health agency.

There will be no retaliation, formal or informal, against you for filing a Grievance. At your discretion, your behavioral health services will continue to be provided to you during the grievance process unless your behavior has been determined to be a threat to the safety and well-being of others.

Should you believe your counselor to be engaged in unprofessional conduct; then in addition to filing a grievance with our agency, you should also report this behavior to:

Department of Health (DOH)

Health Professions Quality Assurance/Customer Service Center

PO Box 47865

Olympia, WA 98504-7865

Or call (360) 236-4700

Fax: 360-236-4818

Email: hpqa.csc@doh.wa.gov

**Patient Consent for In Person or Telehealth Services:**

I understand the information provided above regarding services, have discussed it with my intake therapist, and all of my questions have been answered to my satisfaction. I understand the risks and benefits related to behavioral health care services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of in person or telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

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Print Name

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Client’s Signature Date & Time

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Parent or Guardian Signature Date & Time

[ ]  I give my verbal consent to this document and will sign this document when in-person services are available.

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Clinician Signature Date & Time