

Informed Consent

Goals of Counseling:

There can be many goals for the counseling relationship. Some of these will be long term goals; others may be more immediate. Whatever the goals for counseling, they will be set by you based on what is most important in your mind. Your counselor may make suggestions on how to reach that goal but it is your decision.

Risks/Benefits of Counseling:

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discussed outside of sessions.

However, there are many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

An alternative to formal professional counseling is to discuss issues or problems with another person – a family member, a pastor or a close friend. The risk involved in these alternatives is that such people are usually not formally trained, may not keep your information confidential or may become overwhelmed by your problems or too busy to continue in this role.

Confidentiality:

JFCAC is a confidential counseling service. JFCAC is bound by State and Federal laws of confidentiality of mental health services. Once an appointment is made, no information can be disclosed to anyone without your written permission on a Release of Information Form. When you come to your first appointment, the policy on confidentiality and your rights as a patient will be discussed in detail.



What this means for you:

JFCAC will not share your information with a third-party without your written consent. JFCAC staff will work diligently to protect information provided in counseling sessions. However, there are certain limitations to confidentiality. Please note the following exceptions to confidentiality:

- Confidentiality does not apply to cases of reported or suspected abuse/neglect of children or the elderly
- Confidentiality does not apply to cases of potential harm to self or others
- In cases of medical emergency, information may be shared with medical personnel
- On rare occasions, there will be a request by a court for your records. JFCAC may be required to share that information. JFCAC will make an effort to discuss with you any instances where your confidentiality may be breached. JFCAC will make an effort to share only information which is deemed legally necessary.
- Information must be shared with your insurance provider, should you choose to use insurance. This information may be seen by various employees of the insurance provider. There is also potential that certain members of your employer may see this information.

Patient Rights and Responsibilities:

It is our goal to help you enjoy the best possible health. Below are our responsibilities to you and your responsibilities as a patient:

- You have the right to refuse treatment.
- You have the right to be informed of all available routine and emergency services.
- You have the right to an explanation about charges for services including third-party payment.
- You are entitled to receive information about your health and about the plan for your treatment.
- You may refuse to participate in any experimental research.
- You have the right to submit complaints and recommend policy changes to JFCAC staff and the agency's governing body.
- Your records are confidential. You have the right to refuse the release of your information except as required by third-party payment contracts or court order.
- At all times you are to be treated with respect, consideration and dignity, including privacy in treatment.



Jefferson Franklin Community Action Corporation
P.O. Box 920
Hillsboro, MO 63050
636-789-2686



- You are expected to abide by all rules and regulations with regard to patient conduct. JFCAC reserves the right to discharge any patient from care at our discretion. Rude or abusive behavior towards staff or other patients may result in immediate discharge.
- You are responsible for following treatment recommendations and discussing any concerns with your provider.
- You are responsible for following all patient financial responsibilities.
- You are responsible for helping keep JFCAC facilities and grounds drug free, weapons free, and tobacco free.

Appointments:

Your appointment will be scheduled for a set time lasting between 45 – 50 minutes. The assigned appointment time is scheduled for you and your clinician to meet individually. We will make at least one attempt to confirm your appointment 48 hours in advance. If we cannot reach you, we kindly ask that you call us to confirm your appointment.

Cancellations:

If you need to cancel or reschedule your appointment for any reason, we ask that you notify us at least 24 hours before your appointment and we will be happy to reschedule it. Your cooperation is sincerely appreciated and the sooner you call us to cancel and reschedule, the greater our chances are of providing a time that is most convenient for you.

Counseling Fees:

The fees for service may be covered by Medicaid or private insurance as an out-of-network provider, depending on the client's coverage. For out-of-network coverage, the client is responsible for remittance to the insurance company. Those clients without medical coverage can pay the agency's customary fee for services. A sliding fee scale is available for those who qualify. The sliding fee schedule is based on current poverty levels and the client's income.

Record Keeping:

Your counselor will keep records of your counseling sessions as well as the mental health assessments and treatment plans. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality Section. You may review your records by scheduling a time with us to do so. Should you wish to have your records released, you will have to provide us your consent in writing. We will retain your records for six years.



Jefferson Franklin Community Action Corporation
P.O. Box 920
Hillsboro, MO 63050
636-789-2686



We may occasionally ask your consent to allow us to share information with another person or organization. Examples include your physician, your child’s school or other professional who is working with you and/or your family. You have the right to refuse to give consent, except for those areas outlined in the Confidentiality Section, and that will not affect our services to you.

HIPAA Notice of Privacy Practices:

JFCAC’s Notice of Privacy Practices (NPP) has been provided to me on a separate form.

Voter Registration:

We are mandated by the National Voter Registration Act to offer voter registration. If you are not currently registered, do you wish our assistance to become registered?

Yes ____ No ____

After Hour - Crisis Line:

In case of emergency after hours please call 1-800-811-4760

I understand that I have certain rights and responsibilities as outlined in this document _____ (initials).

I understand that counseling includes certain benefits and certain risks and what the alternatives may be _____ (initials).

I understand that my personal information will be kept confidential other than for exceptions mandated by law _____ (initials).

I have received a copy of JFCAC’s Behavioral Health Privacy Practices which includes the 1-800 crisis number for after hour needs. ____ (Initials)

All of my questions, if any, have been answered concerning the contents of this document _____ (initials).

Your signature below indicates that you have read this Informed Consent agreement and agree to its terms.

Client or Guardian Signature _____

Date _____

Clinician Signature _____

Date _____



Jefferson Franklin Community Action Corporation
P.O. Box 920
Hillsboro, MO 63050
636-789-2686



Jefferson Franklin Community Action Corporation
P.O. Box 920
Hillsboro, MO 63050
636-789-2686

