

Alamance Life Works' (ALW) Informed Consent Regarding Out-Patient Psychotherapy
Gary B. Bailey MA, MSW, PhD., LCSW, ACSW, CEAP

North Carolina law requires that parents or legal guardians of clients be provided with information to allow them to make informed decisions regarding their child's participation in psychotherapy. This document provides information on risks and benefits of psychotherapy, medical concerns, assessment, the need for children and adolescents to have confidential psychotherapy, collateral contacts, treating children of separated or divorced families, professional records, confidentiality from third parties, evaluating the accuracy of children's disclosures and memory, implications of knowledge of children's disclosures and memory for psychotherapy and related legal issues, alternative treatments, diagnoses, treatment plan, length of treatment, psychotherapy fees, cancellations, and emergencies. Please read this information carefully. Ask your therapist any questions you may have. As these issues are understood, please initial in the places provided.

Initial here if this section has been read and understood _____

Background of Clinician

I am a licensed Clinical Social Worker, licensed by the North Carolina Social Work Certification and Licensure Board (NCSWCLB) as well as the North Carolina Board for Employee Assistance Professionals. I have master's degrees in both Social Work and Psychology as well as a doctoral degree in leadership studies. I have had extensive training and supervision in Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization Reprocessing (EMDR). I also have experience working with individual adults, groups, families, and children.

Patient Rights to Treatment, Risks and Benefits of Psychotherapy

Most children or adults receiving psychotherapy are experiencing psychological problems that cause internal distress and/or problems in relationships. The goal of psychotherapy is reduction of such problems. However, some individuals experience an exacerbation of problems or different problems during psychotherapy. These problems can include increases in anxiety, depression, sadness, sleep disturbances, eliminatory disorders, intrusive thoughts, flashbacks, self-destructive or angry impulses, behavior problems, social problems, academic problems, suicidality, and problems in family relationships. Hospital care or residential treatment may be necessary.

Children and adults in psychotherapy benefit from having a support system, including family, friends, a supportive school environment, and in some cases, religious affiliations. Expressive activities, such as play, art, writing, music, exercise, are also important for the mental health of children. Other treatment modalities such as family therapy, group therapy, 12-step groups, support groups, and medication may be helpful. Referrals can be provided to help develop a support system at your request.

In most cases, therapy eventually improves an individual's sense of wellbeing and one's relationships. In some cases, children or adults obtain little or no benefit from therapy or become worse. It is not always possible to predict the outcome for an individual. Given this knowledge, the decisions to begin, continue, or terminate therapy for you or your child generally belongs to you as an individual or for you as a child's parents. In some cases, the decision is that of the child at a certain age, such as in cases involving issues of child abuse, sexual assault, substance abuse, birth control, pregnancy, sexually transmitted diseases, and severe psychological need. These decisions may be evaluated with one's therapist. Clients may also obtain independent consultation for a second opinion at any time. It is also important to consider that if a genuine mental health issue is present and psychotherapy is recommended, but not pursued, that a child may experience a worsening of symptoms and decrease in overall functioning. Under North Carolina general statutes laws **10A NCAC 27D .0303 and G.S. 122C -57 pertaining to right to treatment and consent to treatment, I understand that I have the right to consent to treatment, refuse treatment, and/or withdraw consent. I also understand that refusal of consent cannot be the sole grounds for termination.**

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Medical Concerns

You or your child's psychotherapist is not a medical doctor and can, therefore not recognize or diagnose medical conditions. It is essential that you obtain a medical examination for your child to determine any medical origins of your psychological problems, e.g., neurological disorders, endocrinological abnormalities, glucose and insulin imbalances, effects of toxins, infectious disease, gastrointestinal disorders, side effects of medication, etc.

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I am not a medical doctor, your child's psychotherapist cannot prescribe psychiatric medication but will refer you for psychiatric consultation if this appears to be indicated. I understand under NCGS **10A NCAC 27G .0206** client records that I as a client or legally responsible person grant permission for the therapist or ALW's representatives to seek emergency care from a hospital or physician.

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Assessment

Psychotherapists must conduct both an initial and ongoing assessment of children to understand their psychological needs. It is essential that you cooperate with this assessment process by completing all forms, questionnaires, and psychological tests provided to you and by meeting with your child's therapist, with or without your child present, as your child's therapist indicates. Please be completely open and honest with your child's therapist about all influences that may be affecting your child, even if doing so is painful or embarrassing. Therapists usually cannot tell when parents or children deliberately conceal things. Therapists can only help children with problems to the extent that they are provided with the whole truth.

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The Need for Children and Adolescents to Have Confidential Psychotherapy

As a parent or guardian of a child receiving psychotherapy, your child's psychotherapist will involve you in helping your child to the fullest extent possible. However, the content of your child's sessions must be confidential to enable your child to confide in his or her therapist and for therapy to be effective.

In treatment of adolescents, there are many issues that therapists have no opportunity to address unless adolescents trust that communication in therapy will not be shared with parents or guardians. These issues include use of cigarettes, alcohol, and drugs, sexual concerns or behavior, involvement in gangs, cutting classes or truancy, school failure, unauthorized time with peers, and criminal activity. Your adolescent's therapist will work to help him or her behave in ways that are not self-destructive, that do not limit his or her options for the future, and that are considerate of others. If any of these issues rise to the level of serious, imminent danger to self or to others, parents and/or appropriate authorities will be notified.

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Collateral Contact with Parents and Others

Your contract with your child's psychotherapist is collateral, that is, auxiliary to your child's treatment for the purpose of assisting in your child's treatment. Your child's therapist is not treating you and has no therapeutic obligation to you. Therefore, your communication with your child's psychotherapist is not privileged or confidential. Your child's therapist will provide you with psychotherapy referrals if you request such referrals or if he or she believes that therapy would better help you help your child.

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Treating Children of Separated or Divorced Parents

In families of separation and divorce, children's psychotherapists work to help them cope adaptively with the forces acting upon their lives. Treating children in these contexts is difficult because:

1. Both parents usually have different views of the forces acting upon the child and the child's needs.
2. Parents' views may be affected by their own psychological experiences, issues, and needs.
3. Both parents usually fear that the child's psychotherapist will side with the other parent.
a. Both parents usually fear that the child's psychotherapist will make custody or visitation recommendations that are not in the best interest of the child or parent.

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For these reasons, your child's psychotherapist has instituted the following policies in treating children of separated or divorced parents who share legal custody.

1. Both parents must consent to treatment, ideally before the first session with the child, or shortly thereafter.
2. Both parents will be offered "equal time" in face-to-face or phone contacts as much as realistically possible, unless this is contraindicated, such as cases in which the therapist judges that contact with one or both parents might negatively affect the child (e.g., if there is a concern related to parental abuse or threats to the child).
3. Your child's therapist will not communicate with attorneys for either parent or guardian.
4. Any information provided by one parent may be shared with the other parent by the child's therapist.
5. Your child's psychotherapist will not provide custody or visitation recommendations to the court, mediator, and/or psychologist conducting a family psychological evaluation. If the child has a court representative (attorney, guardian ad litem, or other advocate) or if requested by both parents or ordered by the court, your child's therapist may discuss observations about the child with these parties.

These policies may not apply when a parent resides out of the area or is incarcerated, when parent-child contact is limited by a court (Juvenile, Family, or Guardianship) or court representative (i.e., County Services Agency social worker), when there is substantial evidence that a parent might be physically or psychologically harming or damage the therapeutic relationship, or when a parent fails to respond to the therapist's attempts to establish contact with that parent.

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Confidentiality From Third Parties (Other Than Parents)

Psychotherapy is confidential from parties other than parents with important exceptions:

1. Information may be released to designated parties by written authorization of clients, parents, or legal guardians.
2. Access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability is a right under GS 122C 52-56 or in 45 CFR 164.512 of HIPAA. The individual has been notified that release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164.512 of HIPAA.
3. When parents seek reimbursement for psychotherapy from insurance companies or other third parties, information, including psychological diagnoses, and in many cases, explanations of symptoms and treatment plans, and in rare cases, entire client records, must be provided to the third party. If health coverage is provided by the parent's employer, the employer may have access to such information. Insurance companies usually claim to keep psychological diagnoses confidential, but may enter this information into national medical information databanks, where it may be accessed by employers, other insurance companies, etc., and may limit future access to disability insurance, life insurance, jobs, etc. Your child's therapist will provide you with copies of reports submitted to insurance companies at your request.
4. Psychotherapists are required to release information obtained from children or from collateral sources (other individuals involved in a client's psychotherapy, such as parents, guardians, spouses) to appropriate authorities to the extent to which such disclosure may help to avert danger to a psychotherapy client or to others, e.g., imminent risk of suicide, homicide, or destruction of property that could endanger others.
5. Psychotherapists are required to report suspected past or present abuse or neglect of children, adults, and elders, including children being exposed to domestic violence, to the authorities, including Child Protection and law enforcement, based on information provided by the client or collateral sources.
6. If children participate in psychotherapy in compliance with a court order, psychotherapists are required to release information to the relevant court, social service, or probation departments.
7. Your child's psychotherapist must release information, which may include all notes on your child's psychotherapy and contact with collateral sources, in response to a court order, and may also be required to do so in response to a legitimate subpoena.

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8. Psychotherapists often consult -with other professionals on cases, and teach or write about the psychotherapy process, but disguise identifying information when doing so. Please indicate to your therapist if you wish to place restrictions on consultation, teaching, or writing related to your case.
9. Psychotherapists reserve the right to release financial information to a collection agency, attorney, or small claims court, if you are delinquent in paying your bill.
10. Cell phone and e-mail communication can be intercepted by third parties. These forms of communication are reserved for urgent or time-sensitive matters. Psychotherapists are required to make a record of each client contact. E-mail communications are printed in full and become part of a client's file.

Professional Records

Psychotherapy laws and ethics require that North Carolina licensed psychotherapists keep treatment records. Professional records can be misinterpreted and/or upsetting to untrained readers. Your child and you are entitled to receive a copy of these records unless your therapist believes that seeing them would be emotionally damaging to you or your child, in which case your therapist will review them together with your child or with you or will send them to a mental health professional of your choice, to allow you or your child to discuss the contents. Clients will be charged copying costs plus \$2.00 a minute for professional time spent responding to information requests. You or your child's record includes a copy of the signed informed consent form, acknowledgement of receipt of privacy policy and practices, progress notes, any release of protected health information, and copies of your superbill. Records are kept in a locked file cabinet. You may a copy or your treatment plan within 5 business days as noted in HIPAA Privacy Practices Manual from ALW designated persons in the HIPAA privacy policy manual.

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Alternative Treatments

Other treatment approaches are available as an alternative, or as an adjunct, to individual child psychotherapy. These include family therapy, group therapy, 12-step groups and support groups, medication, expressive therapies (e.g., art, writing, psychodrama), cognitive therapy, behavior modification, guided imagery, Eye Movement Desensitization and Reprocessing (EMDR), Accelerated Information Processing (AIP), Traumatic Incident Reduction (TIR), Electroencephalograph (EEG) Spectrum Therapy, careful use of hypnosis and guided imagery, and nutritional consultation.

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Fee for Psychotherapy

Psychotherapy sessions and collateral contacts: \$111.00 per 45-50 minutes, including any time missed by being late. Payment is due at each session unless sponsor by my employment agency through an employee assistance contract. Phone calls exceeding 10 minutes once a week: \$4.00 per minute. Letters and reports: \$75 per hour. Attendance and Participation in school IEP meetings are \$166 per hour. Travel time is charged at hourly rate as well but adjusted if travel is less than one hour.

I understand that payment is due at the end of each session with exceptions stated above. I agree to cooperate with procedures required to collect third-party payments. If I receive a third-party payment, I agree to turn it over to my therapist as soon as possible.

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Cancellations

I understand that I or my child's psychotherapist reserves an appointment time for me or my child. I agree to call 24 hours in advance if I must cancel a session to allow me or my child's therapist to reschedule his or her time. If I provide less than 24 hours' notice of a cancellation, unless a sudden medical emergency has occurred, I will pay the regular session fee of \$ 111.00.

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Emergencies

I may telephone me or my child's therapist in an emergency. My child's therapist is not always immediately available by phone and may not be available in the late evening. If unavailable, my therapist will return my call as soon as possible. If I cannot reach my therapist, I can call the 24-hour Crisis Team at (336) 269-1003. I understand under NCGS **10A NCAC 27G .0206 client records**, that I as a client or legally responsible person for my child grant permission for the therapist or ALW's representatives to seek emergency care from a hospital or physician. When my or my child's therapist is out of town, and if I am not also seeing another mental health professional, such as a psychiatrist, my child's therapist will provide me with phone numbers of alternate sources of help.

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Psychotherapy Contract for Parents or Guardians of Child Clients

I have read the above information, have asked questions as needed, and understand the issues related to risks and benefits of psychotherapy, medical concerns, assessment, the need for children and adolescents to have confidential psychotherapy, collateral contacts with parents and others, treating children of separated or divorced families, professional records, confidentiality from third parties, evaluating the accuracy of children's disclosures and memory, implications of knowledge of children's disclosures and memory for psychotherapy and related legal issues, alternative treatments, my child's diagnoses and treatment plan, length of psychotherapy, fee for psychotherapy, emergencies, and cancellations.

If you have any questions and complaints regarding the practice of your therapy, under NC Rule **10A NCAC 27D .0201 (d) (3)**. Guardian or/LRP has been informed in writing the process for obtaining a copy of his/her treatment plan and **GS 122C-51** you may contact the NC Governor's Advocacy Council for Persons with Disabilities (GACPD at either Email address:

GACPD@ncmail.net or Tel: 800-821-6922 Fax: 919-733-9173. In addition, you may contact the North Carolina Board of Social Work at 800-550-7009 or (336)-625-1679, 1207 S. Cox Street, Suite F, Asheboro, NC 27203.

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Length of Psychotherapy

Some psychological problems in adults and children can be alleviated in a few sessions. Other problems require years of treatment. It is often difficult to predict the length of therapy needed. Some disorders cannot be properly treated within the limitations of some health insurance policies. Generally, hospitalization should be as brief as possible to limit disruptions to a child's life. The decision to terminate therapy belongs to the parent or legal guardian, except in cases in which the decision is that of the child at a certain age, e.g., cases involving issues of child abuse, substance abuse, birth control, pregnancy, and severe need.

Terminating therapy with you or your child should be done over several sessions, particularly in cases of a long-term therapeutic relationship. Should you or your child decide to terminate therapy prior to either yours or your child's therapist's recommendation, it is important that your child have a final meeting with his or her therapist.

If you or your child's therapist believes you are terminating therapy before adequate treatment has been received for the psychological problems, you or your child's therapist will provide you with referrals for other therapists or you may choose to continue therapy with your current therapist.

Some managed health care plans provide benefits for only a time-limited course of psychotherapy. Some companies have contracts with therapists that prohibit clients to remain in therapy with a therapist beyond the designated timeframe. If your therapist believes that for you or your child needs further psychotherapy after this period, your therapist will provide referrals to other therapists with whom your child can continue treatment.

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I agree to treatment for myself, or my child based on my informed wish to proceed.

Print Name _____ Signature _____ Relationship to the Child _____

Date _____

Client Name _____ Signature _____ Date _____

Gary B. Bailey, MA, MSW, PhD., LCSW, ACSW, CEAP. _____ Date _____