

Ostermiller Counseling Services, Inc.  
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## **Informed Consent to Mental Health Treatment**

As a client receiving mental health services, you have certain rights, some defined by law, others by professional ethical codes and others by the policies of this agency. You have the right to be fully informed of your rights and to have any questions answered about things that you do not understand.

### **Your rights at Ostermiller Counseling Services, Inc. include:**

- The right to be treated with dignity and respect.
- The right to a safe environment during treatment, free from physical, sexual, or emotional abuse and discrimination on the basis of race, gender, age, religion, national origin, or sexual orientation.
- The right to be informed about the professional qualifications of the providers involved in your treatment, and to be treated only by persons who are trained and qualified to provide treatment.
- The right to be informed about your or your child's mental health services, including potential benefits, the scientific basis for treatment recommendation, any risks treatment might involve, and what alternatives there might be. This includes the right to be informed of the potential benefits and prospects of success of any treatment, the possible side effects of any medication and the risks of any treatment procedure.
- The right to participate in planning and making decisions about your or your child's treatment.
- The right to refuse any particular medication or treatment technique or to withdraw from treatment at any time. If you request a referral to another CBRS worker, counselor or therapist, we will provide you with a list of qualified professionals.
- The right to be informed in writing about fees, payment methods, co-payments, and frequency and duration of sessions and treatments.
- The right to have access to your records, and to be informed of your diagnoses, prognosis, and progress in treatment.
- The right to privacy and confidentiality in your treatment, including the right to know if your therapist or CBRS worker will discuss your case with supervisors or colleagues.
- The right to have your clinical or rehabilitative information released to any person or agency of your choice.
- The right to register a complaint if you are dissatisfied with your treatment, without fear of retaliation. You have the right to be assisted in filling a grievance if you need assistance.
- The right to your choice of provider agency. If you request a transfer from this agency, we will assist you with that request.

Scientific research shows that mental health treatment has helped many people and that most people who engage in treatment are helped by it, but success is never guaranteed. There are some risks as well as benefits. It is important to know that as problems are faced, they may seem to worsen before they improve. As you learn new ways of thinking and acting, you may make choices which may lead to conflict with others in your life. We will try hard to limit these risks and to help you cope with any distress you encounter, but even positive change can be difficult and sometimes painful.

Psychotherapy is a method of treating and managing psychiatric disorders through the use of evidence-based psychological treatment modalities that match the participant's ability to benefit from the service. The focus of the service is on behavioral, emotional and cognitive issues. Psychotherapy is commonly referred to as counseling.

Community-Based Rehabilitative Services (CBRS) is a home and community-based program where functional deficits in behavior are addressed in the home and community setting. This service involves skill training, where techniques for managing behavior are taught and community reintegration where support in that process is provided. While counseling may be provided as part of the CBRS program, a CBRS worker is not your counselor.

As a client, you also have responsibilities. If treatment is to be successful, you must be an active participant. This means coming to appointments regularly, talking openly to your therapist or CBRS worker about your concerns, and sometimes practicing new skills between sessions. It is your responsibility to call 24 hours in advance if you must cancel an appointment. It is also your responsibility to let us know of any changes in Medicaid, insurance companies or benefits, or other factors that might affect your ability to pay for treatment.

### **Privacy and Confidentiality**

The privacy of your treatment records is protected by federal and state laws, as described in the Notice of Privacy Practices statement you have received. Because we are obligated by law and professional ethics to protect you and other members of society from harm, there are circumstances under which your right to confidentiality may be limited:

- If we learn of imminent danger to someone's life or health (such as a threat of suicide or homicide);
- If we learn that a child or other vulnerable person is being abused or neglected;
- If we learn that a communicable disease (such as HIV) may be transmitted and the person at risk has not been informed;
- If we are ordered by a court to divulge information about you;
- If a medical emergency occurs while you are at the clinic, we will share just enough information with medical personnel to ensure that you receive the needed treatment.

### **Fees and Payment**

Fees or co-pays are to be paid at the time of each appointment unless other arrangements have been made. You may be billed for missed sessions unless we receive notice of a cancellation one day in advance; Medicaid and insurance do not pay for missed sessions.

### **Statement of Informed Consent**

I have carefully read or had read to me the above statement of my rights and responsibilities as a participant in mental health treatment. I have also had a chance to ask questions and obtain additional information needed to decide on entering mental health treatment. I now freely give my informed consent to receive mental health treatment from Ostermiller Counseling Services, Inc. and acknowledge that I have been given a copy of this statement.

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Client Name (please print)

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Client or Guardian Signature

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Date