

## **Northwest ADHD Treatment Center Practice Policy Statement**

### **Confidentiality**

Your care is confidential. We will not disclose that you are seeking or receiving care without a written consent. Exceptions to this include:

- If we believe you may be in danger of harming yourself or another person.
- If there is reasonable cause to believe abuse or neglect of a child, elder, or someone with disabilities has occurred.
- If a court order is received.
- If required for insurance billing purposes, when you have given permission to bill that insurance for services.
- When an emergency situation requires sharing of information.
- Other situations required by law.

### **Confidentiality & Treatment of Children and Adolescents**

In Oregon, minors aged 14 and older can legally obtain mental health treatment without parental consent. Per the law, the medical provider must include the parents before treatment is ended unless it is believed that to do so would cause harm. Individuals younger than age 14 and who are not legally emancipated are required by law to have a parent or guardian consent for treatment. Treatment records may be reviewed by the parent or guardian. The clinicians of Northwest ADHD Treatment Center feel that the confidentiality of patients is necessary to ensure honest and open communication, and will be maintained except in rare instances. Those instances include the exceptions above and communication with the parents or guardian for treatment planning.

### **Confidentiality & Team Approach to Care**

Your primary Northwest ADHD Treatment Center providers (therapist and prescriber) may consult with each other from time-to-time regarding your care. Additionally, your case may be discussed in a confidential, multidisciplinary meeting of Northwest ADHD clinicians to facilitate treatment planning. If you had/have an outside mental health provider, Northwest ADHD Treatment Center requests that you sign a Release of Information to allow us to consult with or obtain records from that clinician regarding your care.

Northwest ADHD utilizes graduate level students in the practice who are completing their practicum or internship requirements. As such, students may communicate DE-IDENTIFIED client Protected Health Information (e.g., excluding name, age, occupation, etc.) to off-site supervisors, peer consults, and creating case presentations in their programs. Students will make known who their licensed supervisor is in the intake session.

## **Electronic Use Policy**

Northwest ADHD Treatment Center utilizes an Electronic Health Record (EHR) and third party billing software, which meet compliance with HIPPA regulations. However, our health record, as a courtesy, will send text and/or email reminders to our clients to remind them of their upcoming appointments. If you would like to opt out of text and/or email reminders, please inform the front office on your first visit. Also, client statements, measures, and appointment information are made available through our patient portal system.

Northwest ADHD Treatment Center providers do utilize email as part of their practice, which can in some circumstances include limited email communication with clients. Email communication is not a preferred media, as Northwest ADHD Treatment Center providers cannot guarantee the confidentiality and privacy of emails sent by or to clients. If a client does email a provider, it is assumed that they understand the risk that they may be disclosing Protected Health Information on non-secure (i.e., unencrypted) media. EMERGENT AND/OR CLINICAL INFORMATION SHOULD NOT BE EMAILED TO PROVIDERS. Providers cannot respond to emergencies (e.g., threat of suicide, prescriptions running out, etc.) in a timely manner using email and information that would be best disclosed in treatment should be used in a client's regularly scheduled appointment. As a policy, Northwest ADHD Treatment Center providers do not text, become "friends" on Facebook, join LinkedIn networks, or participate in any other social media with clients.

Providers, in an effort to provide the highest care, may communicate on secure and unsecure listservs, provider forums, and chat rooms DE-IDENTIFIED client data (e.g., excluding name, age, occupation, etc.). This is a common standard of practice for providers to present challenging cases, treatment options, and questions about medication practices, among other things, to give and receive feedback about client care. Again, all effort will be made to DE-IDENTIFY client information and protect client Protected Health Information if communicating on these media.

## **Client Participation/Rights**

For treatment to be effective, the client needs to be an active participant. Often this means that the family must also be active and involved in care. This means coming to appointments regularly, taking any medications as prescribed, and asking questions if the treatment plan is not fully understood. Northwest ADHD Treatment Center is compliant with federal policy laws. You can download this document from this site or request a paper copy from our office.

## **New Patient Intake Procedures**

Accurate diagnosis is a critical component to providing you effective care. New patients, with limited previous treatment history, should expect the following initial course of treatment:

- Three separate, 45-60 minute, diagnostic sessions with a therapist
- A 45-60 minute treatment planning session
- Request and review of any medical records or relevant psychotherapy records
- Possible referral to additional psychodiagnostic testing

If you are considering meeting with a nurse practitioner for a medication evaluation, a nurse practitioner appointment cannot be scheduled until all of the following have been completed:

- Completion of all recommended diagnostic sessions with a therapist
- Medical records must be received
- Any psychodiagnostic testing recommended by the therapist must be completed and integrated into the therapist's diagnostic impressions

Additionally, NW ADHD nurse practitioners may review the Oregon Prescription Drug Monitoring program prior to meeting with a new patient. Nurse Practitioners may require completion of additional medical testing, including drug testing, prior to providing a prescription. Nurse Practitioners evaluate many factors in considering medication options. Attending a medication evaluation does not mean you will be provided a prescription at that appointment.

Northwest ADHD is committed to providing accurate diagnosis, which includes making an independent diagnostic assessment. Even if you have received a prior diagnosis from another therapist or medical provider, your Northwest ADHD therapist will complete an independent diagnostic assessment process, considering information from any previous providers.

It can likely take up to four weeks to complete the diagnostic process. Upon completion of the diagnostic process, your therapist may recommend engagement in psychotherapy and/or may recommend that you consider scheduling a medication evaluation.

### **Appointments/Cancellation/Missed Appointments**

Clients are initially seen for a 60-minute intake interview by a psychologist or psychology intern. During this meeting, an assessment is conducted which reviews your current situation, history of the problem that brought you in, and a recommended plan for treatment. This initial assessment will determine if our clinicians are appropriate for your treatment needs. Treatment recommendations may include psychological testing, individual therapy, family counseling, group therapy, skills training, parent teaching, anger management, medication management, or referral to another agency, amongst others. The plan is decided upon by the client, parent or guardian (if applicable), and therapist. In some cases, patients may be directly referred by their outside therapist for medication management only if they have already been diagnosed with ADHD.

Therapy sessions are typically 40-60 minutes in length and may occur weekly or bi weekly. Medication management appointments are generally 60-90 minutes for the intake evaluation, then 10-25 minutes for follow up appointments. The frequency of medication management

appointments varies from individual to individual. Visits at Northwest ADHD Treatment Center are made by appointment only (no walk-in hours). Appointment times vary in length related to individual needs, clinician recommendation, prearranged treatment plan, insurance authorization, and as other treatment factors dictate.

If you arrive more than ten minutes late to an appointment, you may need to reschedule and if so will be charged for a late cancellation fee of **\$75**. Therefore, we ask that you arrive 15 minutes before your scheduled appointment time to account for traffic or other delays. Our automated appointment reminder service is a courtesy, please do not rely upon it to keep your appointments on time. Appointments are the responsibility of the patient. If an appointment is missed without **48 hours notification** you will be charged a **\$75 late cancellation fee**. We may allow one "no show"/ "late cancellation" without charge. ***Fees for missed or late cancelled appointments are not reimbursable by insurance companies.*** If cancelling appointments or no shows become a regular occurrence we will assume you are not ready for treatment, and will terminate services with you.

\_\_\_\_\_ Please initial that you understand this policy.

### **Telephone Calls and Emergency/Urgent Services**

**Your provider can be reached during regular business hours.** Typically non-urgent calls will be returned within two business days. Unless otherwise stated on our voicemail, we check messages at least once per day, more often during business hours and attempt to return all calls promptly. It is not necessary to call our offices for refill requests. Please call the pharmacy where you last had your medication refilled at least one week before you run out, and they will transmit an electronic request to us. **IF YOU ARE HAVING A MENTAL HEALTH CRISIS AFTER 5pm or on weekends, you may call our answering service at 1(503) 897-1810.** This number is for serious mental health issues, (suicide or homicide) or severe medication reactions only. If you call this number for non-emergency issues, you will be charged for a phone consultation. The fees for phone consultation are listed on our website.

\_\_\_\_\_ Please initial that you understand this policy.

In the case of emergency, call 911 or go to the nearest emergency department. In the event of a crisis in which you need assistance before we are able to return your call you may also contact:

- Multnomah County Crisis Line 503-988-4888
- Clackamas County Crisis Line 503-655-8401
- Clark County Crisis Line 503-696-9560
- Washington County Crisis Line: 503-291-9111
- Marion County Crisis Line: 503-585-4949
- Poison Control 503-494-8968 or 800-452-7165

- Alcohol and Drug Help Line 503-244-1312 or 1-800-923-HELP
- Portland Women’s Crisis Line (Domestic Violence): 503-235-5533
- Rape Crisis Center: 503-640-5311
- Cascadia Urgent Walk-in Clinic at 2415 SE 43<sup>rd</sup> Ave 7am-10:30pm
- Additional crisis assistance may be found at:  
[http://www.co.multnomah.or.us/dchs/dv/dvman\\_crisistb.shtml](http://www.co.multnomah.or.us/dchs/dv/dvman_crisistb.shtml)

If you are hospitalized, please attempt to call your provider within 12 hours or have the hospital call so we can coordinate your care.

### **Medication Management**

Medication management at Northwest ADHD Treatment Center is provided by psychiatric mental health nurse practitioners (PMHNP). PMHNPs are not medical doctors. They are advanced-practice registered nurses who have received additional education and training regarding the diagnosis and treatment of mental health issues. One treatment option is the prescription of psychotropic drugs. All drugs have the potential to cause side effects as well as interact with other medications or herbal remedies. However, there is no way of predicting all the potential effects a medication may have on a specific individual. In some cases, patients have a suboptimal response or may not benefit from medication interventions. Unfortunately, some patients may actually do worse with medication. Your PMHNP will closely observe your response to medication, order appropriate monitoring labs, and communicate with your primary care provider when necessary. Please be advised that medications used in psychiatry are often prescribed “off-label.” This means that some medication may be used to treat/manage symptoms other than those for which it was originally approved by the FDA. This will be discussed during treatment planning. Potential risks, benefits and alternatives will be discussed during the appointment before treatment begins. It is important to update all providers about changes in your medications including prescription, herbal and over-the-counter medications.

### **Prescription Refills**

Prescription refills will be available at your regularly scheduled appointments. Please ensure that you attend appointments to receive them. A prescription refill is not an emergency and requests by phone should be infrequent. For non-controlled substances i.e. antidepressants contact your pharmacy and they will submit a request for your refill. ***Please allow one week for refill.***

### **Controlled Substances Policy**

For safety reasons, we do not routinely prescribe benzodiazepines to individuals on opiate pain medications. Additionally, we do not fill requests for benzodiazepines or stimulants early. If it is discovered that your medications are being misused, your provider may taper you off your medication, refer you to chemical dependency treatment, or discontinue treatment with you. A

separate treatment agreement may be provided for individuals who require treatment with controlled substances.

### **Mutual Respect Policy**

It is the expectation of NW ADHD Treatment Center that all individuals seeking treatment, providers and staff regard one another with respect. This includes being respectful of one another's time, and communicating appropriately. Northwest ADHD Treatment Center does not tolerate aggressive, intimidating, abusive, or controlling behavior by individuals seeking treatment, providers, or staff. If you have concerns with your treatment by providers or staff, please inform our office manager to ensure that your concerns are addressed. Northwest ADHD Treatment Center reserves the right to suspend treatment and provide external referrals to individuals seeking treatment who exhibit aggressive, intimidating, abusive, or otherwise inappropriate behavior towards staff, providers, or others seeking treatment.

### **Fee Schedule**

*Charges are based on length, complexity, and type of service provided as well as licensure of your provider. You may find the fee schedule for your provider on our website.*

### **Payment**

We can accept payment via cash, credit card, or personal check. If you have out-of-network benefits, we may bill your insurance for you as a courtesy. Any money collected will be credited to your account or refunded to you. Failure to make payments may result in discontinuation of services. Payment of any outstanding balance must be made within 60 days or by other arrangement with Northwest ADHD Treatment Center. Outstanding balances older than 90 days may be subject to a collections agency.

It is advisable to call your insurance carrier to find out details of your benefits, including pre-authorization if needed. Most plans limit the services for which they will pay. If you request or agree to a service for which your insurance company or its agent later denies payment, then you assume responsibility for paying the entire balance. Insurance companies may request treatment information which would require release of confidential treatment information before payment is made.

### **Treatment**

Our philosophy is that the combination of therapy, skills training, and appropriate use of medication results in the best outcome for individuals with ADHD and other psychiatric conditions. It is our policy that all individuals who wish to receive medication management also be actively engaged in therapy. Clients may be directly referred from their primary care provider to our psychology team. Individuals who are being treated for ADHD by a therapist in the

community may be directly referred for medication management, psychological testing, groups, and/or life skills.

Individuals in therapy are usually seen weekly or bi-weekly. For medication management appointments, clients are initially seen weekly for 1-2 follow up visits, then as treatment progresses the length between appointments increases. When a client's medication regimen has been stable for 6 months, they are typically referred back to their primary care provider for continued management as agreed upon by the referring provider. The length of time recommended for use of medication is based on an individual's symptoms, history, and response to medication. The individual client's preference to continue medication is also a factor in length of treatment.

### **Termination of Treatment**

Please let your provider know if you are considering discontinuing treatment. If you do not schedule an appointment for a period of 45 days and make no arrangement with your provider in writing, you may no longer be considered in active treatment. If you "no show" or "late cancel" for two consecutive appointments, "no show"/"late cancel" for one appointment without rescheduling within thirty days, or you are otherwise not engaged in treatment, you will be considered to have terminated treatment. When treatment is terminated for any reason and you wish to re-engage treatment with a provider at Northwest ADHD Treatment Center, we will discuss with you options at that time depending on availability and any other pertinent factors.

### **Court Testimony**

Please be aware and understand that Northwest ADHD Treatment Center and our clinicians do not wish to be involved in legal proceedings against current or former patients, or their parents. By entering into treatment with us you are agreeing to not name us as a party in legal/court proceedings or attempt to obtain records for legal/court proceedings when marital or family therapy has been unsuccessful at resolving disputes. Having this expectation reduces the chance that treatment will be misused for legal objectives. If you are involved in, or anticipate being involved in legal or court proceedings, please notify us as soon as possible. It is important for us to understand how, if at all, your involvement in these proceedings might affect our work together. Also, entering into treatment for therapy is not the same as a forensic or custody evaluation. In the event that you need such an evaluation, we would be willing to assist you in finding a provider that offers this service.

In the event that we are subpoenaed, we will make every attempt to protect your confidentiality, but as outlined in the Practice Policy Statement, be advised that there may be limitations. Please note that, when allowed, we will charge for our

testimony, including travel time, wait time, copies of records, and preparation/consultation time. ***We will charge current legal rate as well as expenses incurred in copying and sending records. You will be responsible for these fees as insurance companies will not pay for this.***

**Grievance procedures**

If you have a complaint or concern about your treatment, we encourage you to discuss this with your provider so s/he can address your concerns. Northwest ADHD Treatment Center also has a grievance procedure that you should feel free to use. Grievance forms are available upon request. In the event this is not satisfactory you may also speak to your insurance company or contact the board of your provider.

**Acknowledgement of Practice Policies and Consent for Treatment**

Print Patient name: \_\_\_\_\_ Patient date of birth: \_\_\_\_\_

I have received, read, understand, and agree to the practice policies as outlined in the Practice Policy Statement. I freely and voluntarily consent to treatment provided by Northwest ADHD Treatment Center. I understand that I have the right to terminate my participation at any time.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Print guardian name: \_\_\_\_\_  
(if applicable)

Relationship to patient: \_\_\_\_\_

## Authorization to Release Information & Assignment of Insurance Benefits

Northwest ADHD Treatment Center has my permission to communicate with my insurance company and to provide information necessary for the purposes of obtaining authorization for services, provision of services and coordination of care. Northwest ADHD Treatment Center has my permission to bill my insurance company and to provide necessary information for the purposes of obtaining authorization for services, benefit information and payment. I understand the professional services rendered are charged to me and, as a courtesy, Northwest ADHD Treatment Center will bill my insurance company. I authorize Northwest ADHD Treatment Center to bill my insurance company, and accept payment from that company on my behalf for all services relating to my care. I understand that I am financially responsible for all charges not covered by my insurance and for any appointment that I fail to keep or cancel with less than 48 hours or two business day's notice prior to that appointment time. I acknowledge that any money credited as overpayment due to me will be refunded.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
( responsible party)

Print Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

For billing purposes, please indicate below the person(s) we may contact on your behalf, if necessary, and their relationship to you to discuss insurance and/or payment

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **HIPAA Privacy Notice**

Notice of Privacy Practices

Effective Date: September, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**What is this Notice? Who will follow this Notice and Why is it Important?** As of April of 2003, a new federal law (“HIPAA”) went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how Northwest ADHD Treatment Center, LLC will protect your medical information, how this information may be used or disclosed, and describes your rights. If you have any questions about this notice, please contact the Human Resources Coordinator directly at Northwest ADHD Treatment Center, LLC.

**Understanding Your Health Information** During each appointment, we record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical or health record, serves as a basis for planning your care and treatment. Typically we may use your health information and share it in order to:

- *Treat you and communicate with other professionals who are treating you.*

For example: Your primary care physician or your psychotherapist might call us to discuss your treatment, and in that situation we would disclose information about your diagnosis, your medications, and so on.

- *Run our practice, improve your care, and contact you when necessary.*

For example: Occasionally, we dictate notes from visits, usually for letters to other clinicians. In that case, your health information will be disclosed to the transcriptionist.

- *Bill and get payment from health plans or other entities.*

For example: In order to get paid for our services, we have our billing office send a bill to you or your insurance company. The information on the bill may include information that identifies you, as well as your diagnosis, and type of treatment. In other cases, we fill out authorization forms so your insurance company will pay for extra visits, and this includes some information about you, including your diagnosis. We use an electronic health record which may also include information that identifies you including specific health information.

We may be allowed or required to use your information in other ways- usually ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more

information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/index.html). These additional uses and disclosures may include:

- Sharing health information about you for certain situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; preventing or reducing a serious threat to anyone's health or safety.
- Using or sharing your information for health research.
- Sharing information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Sharing information about you with organ procurement organizations.
- Sharing information with a coroner, medical examiner, or funeral director when an individual dies.
- Using or sharing health information about you for worker's compensation claims, for law enforcement purposes or with law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.
- Sharing information about you in response to a court or administrative order in response to a subpoena.

**Your Health Information Rights** You have the following rights related to your medical record:

- Obtain a copy of this notice.
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Authorization to use your health information.
- Before I use or disclose your health information, other than as described in this notice, I will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- Access to your health information.
- You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge reasonable, cost-based fee.
- Change your health information.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Request confidential communications.
- You may request that when we communicate with you, we do so in a specific way (e.g.

at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

- Accounting of disclosures.
- You may request a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- Ask us to limit what we use or share.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- File a complaint if you feel your rights were violated.

You can complain if you feel we have violated your rights by contacting us. You can file a complaint with the US Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Ave, SW, Washington, DC 20201, calling 877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

### **Our Responsibilities**

- We are required by law to protect the privacy of your health information, to provide this notice about our privacy practices, and to abide by the terms of this notice.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice.
- Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law and as described above, we will not use or disclose your health information without your

authorization. You have the right to revoke your authorization at any time.

- For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**Will We Disclose Your Health Information to Family and Friends?** While the new law allows such disclosures without your specific consent (as long as it contributes to your treatment), our office policy is that we will generally not share your clinical information with your family without a signed authorization from you. The EXCEPTION to this is if we believe you pose an immediate danger to yourself or someone else—in that case, we will do whatever is necessary, even if that means breaching confidentiality.

**For More Information or to Report a Problem.** If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact us at Northwest ADHD Treatment Center at any time. If you feel your privacy rights have been violated in any way, please let us know and we will take appropriate action.

You may also send a written complaint to:

Department of Health & Human Services, Office of Civil Rights,  
Hubert H. Humphrey Building 200 Independence Avenue  
S.W. Room 509 HHH Building  
Washington, D.C. 20201

## Health Insurance Portability and Accountability Act (HIPAA)

Our practice, including our physical offices, electronic records and communications are HIPAA compliant. With this policy you have been given opportunity to review and keep a copy of our HIPAA Privacy Notice. Signing this notice indicates you have received, read, understood and had the opportunity to ask us any questions about this policy. Signing also provides consent for Northwest ADHD Treatment Center to use and disclose your protected health information for the purposes of treatment, payment, and health care operations.

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Print Guardian Name: \_\_\_\_\_  
(if applicable)

Relationship to patient: \_\_\_\_\_

**Informed Consent for Couples Treatment**

In beginning of treatment with a couple, it is clinically important to identify who the “client” is. With couples counseling, the couple themselves are the “identified client.” Because of this, it is important that a couple know that their clinical record is accessible by both individuals equally. Also, Northwest ADHD Treatment Center WILL NOT release records without the signed consent of BOTH individuals.

I have received, read, understand, and agree to the practice policies as outlined in this Informed Consent for Couples Treatment.

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Informed Consent for Children Seeking Treatment

At Northwest ADHD Treatment Center, we treat children who come from families that have many different makeups. Many times, we treat children who have divorced or never-married parents. It is important for parents bringing in their children to understand several policies of Northwest ADHD Treatment Center:

- Regardless of a parent being a “custodial” or a “non-custodial” parent, each parent has access to a child’s record. Northwest ADHD Treatment Center will normally not actively inform the parent who is not present that their child is in treatment, but cannot withhold records from a requesting parent, unless clear harm would come to the child because of the disclosure.
- If parents, in their parenting plan, are required to make decisions jointly about treatment, then both parents MUST sign the informed consent for treatment prior to beginning treatment at Northwest ADHD Treatment Center.
- In most cases, the “identified client” is the child and NOT the parent(s) and child. Often a parent is involved in treatment and it may be important for the provider to include parent statements in the child’s record. A parent disclosing information about another parent may become part of the child’s record and is usually accessible by the other parent whom may not be present.
- If a parent has no legal right to information about a child, the parent bringing the child in for treatment must provide Northwest ADHD Treatment Center a copy of supporting legal documents or it will be assumed that both parents have equal access to the child’s record.
- Partners, step-parents, and other family members do not have access to information about the treatment of the child without prior signed parental Release of Information. This includes setting up or cancelling appointments, billing inquiries, or any other information about the child’s treatment at Northwest ADHD Treatment Center.

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Guardian Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Guardian Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

## **Informed Consent for Non-Clients**

Occasionally, a client may request a non-client individual to attend part or all of a session with a client. Or, a provider may request collateral information from an individual to help diagnose, treat, or gather history of a client. It is important for the client and the non-client to understand the policies of Northwest ADHD Treatment Center:

- If an existing client has invited someone to join in their session, ideally prior to the appointment, the client will discuss with their provider information that they would not like the provider to disclose to maintain the client's privacy and confidentiality, the clinical rationale of why the client would like to include a non-client in session, and receive permission from the provider to allow someone else in the session.
- Collateral information and statements made by the non-client may be important for the provider to include in the clinical record. Thus, this information may be included in the client's record. This can include information the client does not believe to be relevant or agrees with.
- The non-client is NOT a client of Northwest ADHD Treatment Center and they cannot assume that by attending a client's session that they have the same rights as a client.
- By attending a client's session, the non-client will respect the privacy of the client and not disclose information learned in session with others.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Print Client Name: \_\_\_\_\_

Signature of Non-Client: \_\_\_\_\_ Date: \_\_\_\_\_

Print Non-Client Name: \_\_\_\_\_

**Informed Consent for Families in Treatment**

In beginning of treatment with a family, it is clinically important to identify who the “client” is. With Family Therapy, the Family themselves are the “identified client.” Because of this, it is important that a Family know that their clinical record, as allowed by law, is accessible by all individuals equally. Also, Northwest ADHD Treatment Center WILL NOT release records without the signed consent of ALL individuals.

I have received, read, understand, and agree to the practice policies as outlined in this Informed Consent for Families In Treatment.

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Informed Consent for Group Treatment**

In beginning of treatment, it is clinically important to identify who the “client” is. With Group Therapy, the Group itself is the “identified client.” Because of this, it is important that Group members know their rights and the policies of Group Therapy:

- While the provider(s) is (are) bound by the laws and ethics of confidentiality, individual group members are not. It is important for all group members to keep information learned about other group member’s private. Thus, group members will not share information outside of the group with family members, friends, etc.
- While in group, members will not develop relationships outside of the group. This is important to the process of group therapy, so that sub-groups do not form. However, you may continue relationship after the group has ended.
- Most groups are “closed groups”. It is important for the group process, that if you attend a group you continue the group to the end. If you are not able to attend, please let your provider know, at the latest, after the second group.

I have received, read, understand, and agree to the practice policies as outlined in this Informed Consent for Group Treatment.

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_