

Consent to Behavioral Health Evaluation and Treatment



Post Road Pediatrics
Boston Children's
Primary Care Alliance

postroadpediatrics.com
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I allow the behavioral health providers of Post Road Pediatrics to provide me/my child with behavioral health care services. I acknowledge that no guarantee has been made promising any specific result or outcome. Discussion of unpleasant life experiences can be distressing, and therefore, risks of treatment can include experiencing uncomfortable levels of emotions (sadness, anger, etc.). The treatments offered have been shown to benefit people and lead to reduction of symptoms, as well as improved relationships and overall ability to meet and more successfully deal with life's challenges.

In the case of minor children, parents must provide consent for treatment. In the case of shared or joint legal custody by divorced parents, the consent of one parent is required to proceed; however, the other parent must not state a clear objection. Therefore, we prefer written agreement from both divorced parents to treat. Parents must provide court documentation of custody agreement prior to treatment. As a routine matter, both parents will be invited to participate in your child's treatment. Each parent is responsible for scheduling the child's session. We will not mediate in parental discord that does not benefit the child's emotional and physical health. Parenting plans from legal divorce documents dictated by the court and any modifications must be provided for the patient chart prior to treatment and throughout treatment.

Informed Consent Regarding Limitations on Confidential Communications with Behavioral Health

Integrated Behavioral Health Services are subject to Post Road Pediatrics (PRP) Notice of Privacy Practices. In addition to PRP's standard Notice of Privacy Practices, please note the following:

Information about my treatment and communications with my therapist may not be released without my written consent and authorization. However, these communications or this information may have to be revealed without my permission, as explained below:

1. To protect my safety or the safety of others if:
 - In the professional clinical judgment of my therapist, I am clearly dangerous to myself and refuse to accept further treatment. The Integrated Behavioral Health Clinician may take steps to protect me, including involuntary hospitalization.
 - I threaten the physical safety of someone, and the Integrated Behavioral Health Clinician believes I may carry out my threat, or if I have known history of physical violence, and the Integrated Behavioral Health Clinician believes I will harm someone, the Integrated Behavioral Health Clinician may:
 - Tell any reasonably identified potential victim; or
 - Notify the police
 - Arrange for me to be hospitalized voluntarily; or
 - Take steps toward involuntary hospitalization.

2. The Integrated Behavioral Health Clinician is subpoenaed to court around any issue of custody or guardianship that involves me.
3. The Integrated Behavioral Health Clinician is a Mandated Reporter and is legally obligated to report abuse or neglect of a minor.
4. If you are under 18 years of age, be aware that specific content of your communication with the Integrated Behavioral Health Clinician will remain confidential, but your parent/guardian has the right to general information about your treatment and to be made aware of any content that indicates a client may in danger or be at risk of serious harm.
5. To provide information regarding my diagnosis, prognosis, and course of treatment to an insurance company, if required for continued payment for services.
6. To complete the CANS (Child and Adolescent Needs and Strengths) Comprehensive Assessment for patients with MassHealth insurance. It is required by MassHealth, that the clinician complete the CANS Comprehensive Assessment for all patients with MassHealth insurance. Please see the attached release.
7. In a legal proceeding where I introduce my mental or emotional condition as an element of my claim or defense, or in the event of my death, in a proceeding where my mental or emotional condition is introduced as an issue.
8. If I bring an action against my therapist and disclosure is necessary and relevant to a defense.

Documentation of services provided by the practice's behavioral health clinician will be an integrated part of the pediatric medical record.

As part of our efforts to provide integrated and coordinated care, information about you or your child and the family's care may be shared between the medical and behavioral health providers within our practice, unless you explicitly inform us of your objection to such communication in writing. Objecting to such communication may preclude our ability to provide continued care.

You should be aware that we practice with behavioral health clinicians and employ administrative staff. We may share protected information with these individuals for both clinical and administrative purposes, such as scheduling, billing and quality assurance. All staff are bound by the same rules of confidentiality. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.

Your clinician may occasionally find it helpful to consult with other medical or behavioral health professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patient. The consultant, another health care professional, is also legally bound to keep the information confidential. It is not standard medical practice to inform you about every consultation, unless you request otherwise. If it is important to our work together, we will keep you informed. We will make note of consultations with clinicians outside our practice in your or your child's medical record.

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Confidentiality as it applies to minors: You will be asked to be involved and informed about your child's progress; however, certain communications can jeopardize the willingness of a child or adolescent to be forthcoming. In order to facilitate the building of trust, there will be limits on the information that is shared with you. If there is ever a concern about imminent risk, you will be notified.

PRP Behavioral Health Clinicians provide shared notes via MyChart. Shared notes are available to the parent/guardian for all patients age 12 and under. Notes remain vague to maintain confidentiality. Patients 13 years and older have access to their own shared note in MyChart as well. Notes will include strategies learned in session as well as treatment goals discussed and/or any safety plans.

Email: Due to limits of confidentiality, email is rarely used. By consenting to electronic communication via email, I consent to transmission of related case materials including sensitive or protected information, if I request to initiate or exchange this information myself. I understand that during the transmission of these messages, the information contained may pass through a public network and onto a personal electronic device and as such the transmission may not be secure. PRP will not be held responsible for information shared through email.

If you do choose to share information with your clinician, email should be used for non-sensitive and non-urgent issues. The email correspondence should be between the provider and a client 18 years or older or a parent/guardian. Email is not conducted via a secure server; therefore, one should consider it like a postcard that could be viewed by unintended parties.

No Show and Late Cancellation Policy

We ask that you, whenever possible, notify our office at least 24 hours prior to your appointment if you are unable to come. Missed appointments represent a cost to our office and prevent other patients from being seen at that time. We will not charge you for your first missed or late canceled appointment. We will charge a fee of \$50 for a second missed or late canceled appointment and you will only be allowed to book a same day appointment going forward. If a third appointment is missed or canceled late, we will not be able to reschedule you for behavioral health care services at Post Road Pediatrics.

Authorization

I have had the opportunity to discuss this informed consent statement with my Integrated Behavioral Health Specialist and understand its meaning and consent to receiving services based on this understanding.

Patient name: _____

Date of birth: _____

Patient signature (or parent/guardian if a minor or dependent):

Parent/Guardian name: _____

Relationship to patient: _____

Today's date: _____