



## Informed Consent for Mental Health/ Psychotherapy Treatment

Welcome to Nystrom & Associates mental health treatment services in Wisconsin. We are honored you chose us for your mental health care.

This document contains important information about our professional services and business policies. It also contains a summary of information about the health insurance portability and accountability act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your protected health information (PHI) for the purposes of treatment, payment, and healthcare operations. Although these documents are long and sometimes complex, it's very important that you do understand them.

Psychotherapy is a relationship between individuals that works in part because of clearly defined rights and responsibilities held by each person. As a participant in Psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Your provider has corresponding rights and responsibilities. These rights and responsibilities are described in the following sections.

### **Goals of Mental Health Treatment / Psychotherapy**

There can be many goals for Mental Health treatment / Psychotherapy, some of these will be long-term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization; other goals may be more immediate such as decrease in anxiety and depression symptoms, developing healthy relationships or change in behavior and /or decreasing/ending substance use.

Whatever your goals are for Mental Health treatment/Psychotherapy, they will be decided upon collaboratively by you and your provider. Your provider may make suggestions on how to reach that goal, but you decide where you want to go.

If you feel your treatment isn't helping you, please inform your provider, so that your treatment plan can be revised to meet your needs most effectively.

### **Risks/Benefits of Mental Health treatment/Psychotherapy.**

Mental Health treatment/Psychotherapy is an intensely personal process which can bring unpleasant memories or emotions to the surface. Choosing to not participate in treatment can result in worsening symptoms. There are no guarantees that Mental Health treatment/Psychotherapy will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Your treatment requires a very active effort on your part. To be successful, you will have to work on the things you and your provider discuss outside of sessions. There are many benefits to Mental Health treatment/Psychotherapy. Treatment 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.

### **Appointments/Missed Appointments/Late Cancellation of Appointments**

Mental health treatment appointments can range in duration from 20 to 90 minutes depending on the type of service you are receiving. You and your provider will discuss the frequency and duration of appointments that will best meet your treatment needs/goals.

At the discretion of Nystrom your services may be discontinued due to excessive failed appointments or late cancels.

In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. This is to be respectful of your provider's time and other clients who may have scheduled sessions after your therapy appointment time. If your provider is late however you will receive your full treatment time unless otherwise agreed upon by you and your provider.

### **Confidentiality**

Your provider is legally /ethically expected to keep personal information private. If you wish to have information released, you will be required to sign a **release of information form** before such information is released.

There are some limitations to confidentiality. Your provider may consult with a supervisor or other professional counselor to give you the best service. To ensure you are receiving the best care, your provider may speak to your external providers regarding your care. Minimal information will be shared without a release of information.

Providers are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. For minors, this information will be provided to guardians as well. If your provider receives a court order or subpoena, he/she may be required to release some information. In such a case, your provider will consult with other professionals and limit the release to only what is necessary by law.

### **Use of Electronic Signatures**

By signing, you understand that this becomes your electronic signature for the initial treatment plan and updated treatment plans. The provider will ask for your verbal consent after reviewing the forms with you.

### **Record Keeping**

Your provider will keep records of your therapy sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure direction to your sessions and continuity of service. They will not be shared except with respect to the limits of confidentiality discussed in the confidentiality section.

Should you, the client, wish to have your records released, you are required to sign a **release of information** which specifies what information is to be released and to whom.

For minors, there are some limitations to what we will and will not release to guardians, staying within the confidentiality parameters listed above.

**Release of Information forms are valid for the time indicated or up to 1 year after which a new release form must be signed for records to continue to be released.**

Records will be kept for at least seven years but maybe kept for longer. Records will be kept either electronically or in a paper file and stored in a locked cabinet.

### **Contacting Us**

Providers are not often immediately available by telephone. Providers do not answer phones when they are with clients or otherwise unavailable. At these times, you may contact our scheduling staff who can send a message to providers and your call will be returned as soon as possible or leave a message on our confidential voicemail. It may take up to 24 business hours for a return call for non-urgent matters.

If you feel you cannot wait for a return call or it is an emergency, go to your local hospital, call your local crisis line or call 911.

### **Rules for Engagement and Counseling.**

It is expected everyone will follow the rules at Nystrom. For the safety of everyone involved, not following the rules may be grounds for discharge from services.

The rules are as follows:

- Alcohol or drugs of any kind are not allowed to be consumed or shared with others on the premises.
- Coming to session under the influence of alcohol and drugs will not be tolerated.
- Sexual activity or any intimate physical contact between patients or staff on the premises is not allowed.
- Willful acts of aggression towards staff, other patients, or property cannot be condoned, and appropriate action to stop or curtail such behavior will be taken, including discharge from the program and/or pursuit of criminal charges.
- Dress may be casual, comfortable, and reasonably modest.
- Weapons of any kind are not allowed for clients and guests on the premises.

### **Consent to Mental Health Treatment/Psychotherapy services**

- I have been provided with the complete and accurate information and time to review the information or to seek additional information concerning the proposed treatment or services including:
  - The proposed care, treatment, or services.
  - The goals and potential benefits of the proposed care, treatment, or services.
  - The way the treatment is to be administered and the services are to be provided.
  - The expected treatment side effects or risks of side effects which are a reasonable possibility: including side effects or risks of side effects from medication if applicable for the client.
  - Approximate duration and desired outcome of treatment recommended in the treatment plan.
  - Reasonable alternatives to the individual's proposed care, treatment, or services. The discussion encompasses risks and benefits related to the alternatives and the risk related to not receiving the proposed care, treatment, or services.

- I understand that I have the right to receive a copy of this completed informed consent document upon request.
- I give my consent to the proposed treatment/services. It is further understood that this consent shall remain in force for no longer than 1 year from the date noted below. It is further understood that I may withdraw my consent to treatment at any time, but it is assumed that this consent continues unless I inform Nystrom otherwise.
- Your treatment with Nystrom is a partnership between you and the clinical staff in addressing the mental health, behavioral and or substance abuse problems that you are having. If there is a pattern of non-participation noted, there may be a disruption in services offered you and could be referred to another agency for services.
- I have been provided, both orally and in writing, an explanation of my rights in accordance with S. 51.51 (one) (A), stats and HSS 94.
- In addition, Nystrom policies/procedures/expectations have been explained to me and I have received written copies.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient's 14 years or older must sign)

Print Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# Rights of Minors: Outpatient Behavioral Health Treatment

## Consent for Mental Health Treatment

If you are younger than 14-years-old, a parent or guardian must agree, in writing, to you receiving outpatient mental health treatment.

If you are 14 years or older, you and your parent or guardian must agree to you receiving outpatient mental health treatment.

If you want treatment but your parent or guardian is unable to agree to it or won't agree to it, you (or someone on your behalf) can petition the county mental health review officer for a review.

If you do not want treatment but your parent/guardian does, the treatment director for the clinic where you are receiving services must petition the mental health review officer for a review.

Regardless of your age, in an emergency, the treatment director for the clinic may allow you to receive outpatient mental health treatment, but no medication, for up to 30 days.

During the 30 days, the treatment director must get informed written consent of your parent or guardian, or file a petition for review for admission with the mental health review officer.

## Consent for Substance Use Treatment

Any minor can consent to substance use treatment at a public facility as long as it is for prevention, intervention, or follow-up.

If you are younger than 12-years-old, you may only get limited substance use treatment (such as detox) without a parent or guardian's consent.

If you are 12 years or older, you can be provided some limited treatment (assessment, counseling, and detox less than 72 hours) without your parent or guardian's consent or knowledge.

If your parent or guardian agrees to it, you can be required to participate in substance use treatment, including assessment and testing.

## Review by Mental Health Review Officer and/or Court

Each juvenile court appoints a mental health review officer for that county. [www.dhs.wisconsin.gov/clientrights/mhro](http://www.dhs.wisconsin.gov/clientrights/mhro)

The juvenile court must ensure assistance is provided in the petition for review.

If you request it and the mental health review officer believes it is in your best interests, review by the mental health review officer can be skipped and the review will be done by the court.

**If the mental health officer does the review**, a hearing must be held within 21 days of the filing of the petition for review. Everyone must get at least a 96-hour notice of the hearing.

To approve your treatment (against your will or despite the refusal of your parent/guardian), the mental health review officer must find that:

- The refusal of consent is unreasonable.
- You are in need of treatment.
- The treatment is appropriate and least restrictive for you.
- The treatment is in your best interests.

If you disagree with the decision of the mental health review officer, you and your parent/guardian will be informed of the right to a judicial review.

**If the court does the review**, within 21 days of the mental health review officer's ruling, you (or someone acting on your behalf) can petition the juvenile court for a judicial review.

A court hearing must be held within 21 days of the petition. Everyone must get at least a 96-hour notice of the hearing.

If you do not want the treatment, the court must appoint you an attorney at least 7 days prior to the hearing.

If it is your parent/guardian who does not want the treatment and you do not already have a lawyer, the court must appoint you one.

To approve your treatment (against your will or despite the refusal of your parent/guardian), the judge must find that:

- The refusal of consent is unreasonable.
- You are in need of treatment.
- The treatment is appropriate and least restrictive for you.
- The treatment is in your best interests.

A court ruling does not mean that you have a mental illness. The court's ruling can be appealed to the Wisconsin Court of Appeals.

## Treatment Rights

You must be provided prompt and adequate treatment.

If you are 14 years or older, you can refuse mental health treatment until a court orders it.

You must be told about your treatment and care.

You have the right to and are encouraged to participate in the planning of your treatment and care.

You and your relatives must be informed of any costs they may have to pay for your treatment.

## Personal Rights

You must be informed of your rights.

Reasonable decisions must be made about your treatment and care.

You cannot be treated unfairly because of your race, national origin, sex, gender expression, religion, disability, or sexual orientation.

## Record Access and Privacy Rights

Staff must keep your treatment information private (confidential). However, it is possible that your parents may see your records.

If you are younger than 14-years-old, you must view your records in the presence of a parent/guardian, attorney, judge, or staff member. You may always see your records on any medications you take. Regardless of your age, staff may limit how much you may see of your records. They must give you reasons for any limits.

If you are at least 14-years-old, you can consent to releasing your own mental health treatment records to others.

If you are at least 12-years-old, you can consent to releasing your substance use treatment records to others.

## Patient Rights Help

- Contact the client rights staff at your treatment provider.
- File a complaint. Client rights staff will look into your complaint.
- Contact Disability Rights Wisconsin at 800-928-8778. Their advocates and attorneys can help you with patient rights questions.

## For More Information

Visit the DHS client rights website at: [www.dhs.wisconsin.gov/clientrights/minors](http://www.dhs.wisconsin.gov/clientrights/minors)