

INFORMATION AND CONSENT
For
DEBBIE CRANE, LCSW/ACSW
BEHAVIORAL HEALTH SERVICES
@
Gaston Skills, Inc.

Welcome!

Debbie Crane and Gaston Skills offer Behavioral Health services to address personal problems that may include depression, anxiety, relationship difficulties, anger management, chemical dependence or other concerns.

While it may not be easy to seek help for issues like these, we hope that by using our service you will be better able to understand your situation and feelings and move toward resolving your difficulties. Your Behavioral Health provider will use her knowledge and professional skills to help you improve your situation. While no particular results are guaranteed, and in some cases services may lead to unanticipated emotional stress as well as improvement, we feel it is important for you to explore your own thoughts and feelings and to try new approaches in order for change to occur.

Should you have special needs or requests, we will do our best to satisfy them to the extent possible. We want to make you as comfortable here as we can. Please let us know if you need any sort of special accommodation.

You may bring family members to appointments if you feel it would be helpful or if this is recommended by your provider. During the session, your provider may make recommendations about next steps in addressing your problem.

Appointments

To set or cancel an appointment, call our office at 704-874-2387. If you do not show up for an appointment and do not cancel, you cause difficulty by depriving another client of an opportunity to work on their problem. If you no-show more than once you may receive a letter asking you to call and discuss this matter with us. We may recommend that you stop making appointments until you can get better control over your schedule, or may make some other recommendation. In some cases you may be charged a "no-show" fee if you do not cancel an appointment that you do not attend. Please initial this blank _____ indicating that you understand and accept this policy.

Consent for Services

In order to receive Behavioral Health services at Gaston Skills, you must provide written consent. Anyone older than age 18 is considered competent to consent to treatment. If you are younger than age 18, or if a guardian has been appointed, your legal guardian must consent to your services.

Number of Visits

The number of sessions needed depends upon many factors and will be discussed with you. You should be aware that you will be asked to work toward specific goals that you set with the help of your provider. Generally speaking, the more often you come to treatment, the closer you come to meeting your stated goals. You will be informed of the anticipated length of treatment to meet your particular goals.

Cost of Services

Therapy sessions are charged for on a “per-session” basis. Please check with us about the cost of each session. Usually health insurance such as Medicaid, Medicare or most private insurance companies pay for services with us. It is important to talk with us to be sure that the cost of your treatment with us is covered by your insurance provider. In some cases you are asked to pay a “co-pay” at the time of the session.

Length of Visits

The length of visits vary according to your needs. Some last only about 20 minutes, some last as long as 50 or 90 minutes.

Frequency of Visits

The frequency of your Behavioral Health visit depends on your needs. This will be discussed with you by your provider. You will make the most progress toward your goals if you keep regular appointments as recommended. Usually you will be given an appointment for the next visit at the time you leave the office.

Relationship

Your relationship with your Behavioral Health provider is a professional and therapeutic one. In order to preserve this relationship, it is important that your provider not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the Behavioral Health services that you receive. Your provider cares about helping you but is not in a position to be your friend or to have a social, business or personal relationship with you.

Gifts, bartering, trading and so on are not appropriate and should not be a part of your relationship. Should there be a conflict or a reason why you are not comfortable with your provider, or your provider is not the best match for you, you will be offered some choices of other qualified professionals in the area who might be able to serve you. You are always free to determine what services you wish to receive and which provider you see. Should there be a particular reason why you cannot see a specific provider or have a specific treatment here, that will be explained to you.

Goals, Purposes and Techniques of Behavioral Health

There may be alternative ways to effectively treat the problems you are experiencing. It is important for you to discuss any questions you may have regarding treatment with your provider, and to have a chance to make decisions about what goals you would like to pursue. As your treatment progresses your goals may change. You have the right to determine what goals you would like to pursue and to have input into the methods used to achieve your goals. You may have a written copy of your goals, as well as the plan for how they will be achieved.

Your Right To Confidentiality

Your conversations with your Behavioral Health treatment professional are confidential. No information is released without your written consent unless mandated by law. Possible exceptions to this important rule of confidentiality may include but are not limited to the following situations: suspicion of child or elder abuse, criminal prosecutions, child custody cases, suits in which the mental health of a person is at issue, situations in which the staff member has the duty to disclose, fee disputes, negligence suits, complaints to the licensing board or other state or federal regulatory authority. *For further information, review the notice of privacy practices furnished to you by Gaston Skills.* If you have any questions regarding confidentiality, you should bring them to the attention of your provider. By signing this information and consent form, you are giving your consent for Gaston Skills to share confidential information with all persons mandated by law and with the organization responsible for providing payment for your Behavioral Health services. You are also releasing and holding harmless your provider for any departure from your right of confidentiality that may result.

If anyone outside this office requests information from your provider or requests your Behavioral Health records, your written permission on a special "Authorization to Release PHI" form is necessary. Before giving permission, satisfy yourself that the information is really needed, that you understand the information being sent out, and that the release of the information will help you. You have the right to approve or refuse the release of information to anyone except as provided by law.

Your Right to Understand the Potential for Redisclosure

Should your confidential protected information be disclosed to another party, you must understand that it can no longer be assured of confidential treatment by this organization.

Risks of Behavioral Health Treatment

Effective Behavioral Health treatment involves helping you change. You may learn things about yourself that you don't like. Often growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety or pain. The success of your work with your provider depends upon the efforts on your part as well as on the part of your provider. You, however, are responsible for the lifestyle choices/changes that may result from treatment.

After-Hours Emergencies

There is always someone on call when the Behavioral Health office is closed. This person can be reached for emergencies 24/7 by calling: 704-813-3064. Emergencies are urgent issues that require immediate action. If the situation is life threatening, please call 911 or go to the hospital emergency room.

Record Retention and Release

Your treatment record is stored in a locked cabinet or in a computer which is protected from unauthorized access. Your records include a diagnosis, treatment plan, progress notes, reports and consents.

Your record is available only to the Behavioral Health staff.

After Your Case is Closed

Your records are maintained under lock and key at Gaston Skills and even after your case is closed your records will be maintained in confidential fashion.

By signing this information and consent form, you give your consent to allowing a licensed mental health professional to provide copies of your record to other parties when you submit a written request.

Your Right to Read Your Own Record

Generally speaking, you have the right to read and take a copy of your own record, unless your counselor believes that it may not be in your best interest to do so. If you wish to request a copy of your record, you must follow the procedures related to such request, and you will be required to sit down with a Behavioral Health staff member to review the information in the record prior to it being given to you. Your counselor will assist you in understanding your record and will be available to answer questions and to explain the meaning of technical terminology. You may inform your counselor of any inaccuracies of information in your record and you may give your counselor a written amendment that can be placed in your record.

Your billing record is stored separately. It is accessible only by billing office staff. If you use an insurance company, Medicare, Medicaid or an EAP to pay for Behavioral Health services, they will receive only a minimal amount of information, including your name, birth date, social security number, diagnoses, type of service provided, and dates of service. If they request additional information from Behavioral Health staff in order to process the billing, (such as the date your problem started, history of your problem, symptoms that meet the criteria of the diagnosis, your progress in treatment, your goals and objectives in treatment,) by signing this consent you are consenting to such release.

At times, your Behavioral Health treatment provider may seek out professional consultation about some aspect of the work with you. Usually it will not be necessary to share your identity with that consultant. The consulting professional must also abide by all applicable laws and ethics to protect your confidentiality.

Your Right to Refuse Treatment

You have the right to consent to or refuse recommended treatment. You can be treated without consent only if there is an emergency and in the opinion of your treatment provider, failure to act immediately would jeopardize your health. No audio or video recording of a treatment session can be made without your written permission. You may refuse to participate in any treatment if you feel uncomfortable, and you may terminate your services with Behavioral Health at any time you wish.

Your Right to Know Your Provider's Qualifications

Your counselor is licensed to provide services in the State of North Carolina. You are entitled to ask your counselor what training she has and where she received it. You are entitled to ask about professional competencies, experience, education, attitudes and any other relevant information that may be important to you. You have the right to expect that your treatment provider has met the requirements of training and experience, and you have the right to examine her license.

Your Right to Voice Grievances

You have the right to voice grievances and request changes in your treatment without restraint, interference, coercion, discrimination or reprisal. We encourage you to share your concerns directly. You also have the right to report a complaint about services you receive. If you have a concern you would like to discuss, feel free to contact Debbie Herman Crane, LCSW/ACSW, Director of Behavioral Health at 704-874-2389 or Jo Ann Raxter, Acting Executive Director of Gaston Skills, 704-869-0300.

Your Right to be Free from Harassment

You have the right to be safe from sexual, physical or verbal harassment or physical punishment or restraint while you are in our building. Clients are accepted and treated without regard to age, gender, race, culture, disability, sexual orientation or economic status.

Freedom from Search & Seizure

Unless the situation is deemed critical, you have the right to be free from searches of your person or your belongings when you are in our building. If you present a danger to yourself or to others in the environment, or if you are causing property damage, it may be necessary to provide restrictive intervention. This will be done only in the case of an emergency.

Freedom from Experimental or Non-standard forms of Treatment

Behavioral Health staff members provide services using techniques and methods that represent best practices in the field. If unusual or non-standard forms of treatment are considered you will be informed and have the right to choose not to participate.

Psychotropic Medications

Should you need medications in the treatment of your condition, recommendations will be made to you and, if you consent, to your physician. As appropriate, referrals will be made to experts in the community who might be able to prescribe these medications. You are always free to refuse medications, if you would prefer not to use them. If you do decide to take these medications, we will work closely with the prescriber to insure that they are working properly.

Contact with your Physician

We feel strongly that the mind and the body affect each other and we may ask your permission to communicate with your personal physician regarding your care and treatment. We do this because we

believe that you will improve faster if we coordinate care with your medical provider. You have to right to consent or refuse to consent to this coordination.

Your Responsibilities

As a client, you have responsibilities as well as rights. You can help yourself by being responsible in the following ways:

Be Honest. You are responsible for being honest and direct about everything that relates to you as a client. Please tell your provider exactly how you feel about the things that are happening in your life.

Understand Your Treatment Plan. You are responsible for understanding your treatment plan to your own satisfaction. If you do not understand, ask your provider. Be sure that you do understand, since understanding is critical to the success of your plan.

Follow Your Treatment Plan. It is your responsibility to discuss with your provider whether or not you think you can or want to follow your treatment plan.

Keep Your Appointments. You are responsible for keeping your appointments. If you cannot keep an appointment, you must notify the office (704-874-2387) as soon as possible so that another client can use the time.

Keep Your provider Informed. So that your provider can contact you when necessary, you must keep them informed of any changes to your address or phone numbers.

Your Provider's Rights

Your provider has the responsibility to provide care appropriate to your situation. To accomplish this goal, your provider has certain rights, including:

The right to the information needed to provide appropriate care;

The right to provide services in an atmosphere free of verbal, physical or sexual harassment;

The right and ethical obligation to refuse to provide services that are not clinically indicated.

Duty to Warn/Protect

In the event that your provider reasonably believes that you are a danger, physically or emotionally, to yourself or another person, with this form you specifically consent for your Behavioral Health provider to warn the person in danger and to contact any person in a position to prevent harm to you or them. Your Behavioral Health provider may also contact medical and law enforcement personnel.

The following information is being given to your provider in order to prevent harm to you or another person. This authorization expires upon the termination of your Behavioral Health service and you have the right to revoke this authorization in writing at any time to the extent that your provider has not taken action in reliance on this authorization. Even if you revoke this authorization, the use and disclosure of your protected health information could possibly still be permitted by law as indicated in the copy of Notice of Privacy Practices that you may have at any time from the GSI office.

(Please fill out the next page and return it to Mrs. Crane at your first appointment.)



Should it be necessary for your own personal safety or the safety of another person, or in a medical emergency, your provider may contact the following person(s):

Behavioral Health @ Gaston Skills, Inc.

(Please list the name and phone number of a trusted person whom your provider may call IN AN EMERGENCY)

Name(s)	Phone number(s)

Consent to Treatment

I voluntarily agree to receive Behavioral Health assessment, care, treatment or services and authorize my treatment provider to provide such care, treatment or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment or services and that I may stop such care, treatment or services at any time.

By signing this Client Information and Consent form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. I understand that I have the opportunity to ask questions and seek clarification of anything unclear to me.

I acknowledge that I received a copy of this signed Information and Consent form on this _____ day of _____, 20__ .

Client/parent/guardian Date

Witness Date

COMMENTS:

BEHAVIORAL HEALTH @ GASTON SKILLS, INC.

Client Information

Date Form Completed: _____ (If it is necessary to contact you by mail or phone, the following address and phone numbers may be used to reach you. Should this information change, you **MUST** contact our office immediately. If you chose to communicate with us by email, you are aware that this is not a secure method of communication.)

LAST NAME:		MIDDLE:	FIRST NAME:
ADDRESS:			OK TO MAIL TO THIS ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY:		STATE:	ZIP:
E-MAIL:		OK TO CALL/LEAVE MESSAGE?	
HOME PHONE NUMBER:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER PHONE NUMBER:			
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	

MARITAL STATUS:

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DOMESTIC PARTNER
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HEALTH INSURANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF COMPANY:	
GROUP NUMBER:	POLICY NUMBER:	
PRIMARY INSURANCE POLICY HOLDER NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
RELATIONSHIP TO PATIENT:		OTHER INSURANCE:
MEDICAID NUMBER:		

EMPLOYMENT STATUS:

<input type="checkbox"/> UNEMPLOYED	<input type="checkbox"/> DISABLED	EMPLOYED BY:
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REFERRAL SOURCE:

<input type="checkbox"/> SELF	<input type="checkbox"/> PRIMARY CARE PHYSICIAN	<input type="checkbox"/> FAMILY	<input type="checkbox"/> OTHER
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ADDITIONAL INFORMATION:

YEARS OF EDUCATION:	FINANCIAL PROBLEMS: <input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH OF SERVICE:
SMOKER: <input type="checkbox"/> NO <input type="checkbox"/> YES (AMOUNT)		WHAT EXERCISE DO YOU DO?
PREFERRED PHARMACY: Name & Phone number:		NAME & PHONE # OF CASE MANAGER:
		MAY WE CONTACT THEM? Yes No

What concerns brought you to behavioral health?

What would you like to see happen as a result of behavioral health assistance?

What have you tried on your own to address these concerns?