



Compassion Clinic: Therapy Services Consent To Treatment

Your rights are protected under the data privacy laws of both Minnesota and Wisconsin. The state where you are seen, not the state of residence, determines which specific laws apply. These laws are to protect your privacy, to let you know what kind of information we collect on you, how we use that information and how you can access it. Copies of the pertinent sections of the statutes are available on the official website for your review.

The information you share with us is kept in a confidential file. The contents of this file can only be released to a third party with your written consent. If you choose to use insurance, you are willingly providing them any treatment related information. Your confidentiality will be broken due to mandatory reporting of the abuse or neglect of a child or vulnerable adult, situations where it is determined you are a danger to self or others, and response to a court order. Periodically our licensing bodies confidentially survey our records for compliance with standards. You may request this file if you would like, however this may be declined if clinician sees that it would harm your wellbeing; if clinician sees fit that you can have access to your file, your file must be reviewed with your clinician before the file is given to you after signing an self-release of information.

The information that is collected about you includes basic demographic information (name, address, place of employment, etc.), a synopsis of what you share with your counselor and your counselor’s impressions of your situation. This will include a diagnosis of your condition or situation. The exception to this may be clients being seen under an Employee Assistance Program.

The information that is collected about you is used to create a history of your treatment here and assist in planning that treatment. Part of that planning may include review with your counselor’s supervisor or presentations at a case conference for the purpose of obtaining input concerning your treatment from other professional staff. You may discontinue treatment at any time.

Counseling is a collaborative process between client and counselor. Both you and your provider have rights and responsibilities as part of the assessment and treatment process. While case records are the property of the agency, you have a right to know your record’s content. You may review your file with a professional staff person upon reasonable notice and without charge. You also have the right to information from your counselor about your services which includes:

- a) benefits of the proposed treatment and services
- b) the methodology of treatment and services will be provided
- c) any expected side effects or risks of the treatment, which are a reasonable possibility, including side effects or risks from medications
- d) alternative treatment modes and services which can be available if requested with a referral
- e) the probable consequences of not receiving treatment if you choose to decline services
- f) the cost of services, which is \$200/session, billed on the day of services
- g) the cost of services may be reduced if we agree upon a sliding scale fee

Providers at Compassion Clinic: Therapy Services have the following rights and responsibilities:

- a.) to strive to benefit those with whom we work and to take care to do no harm (Benefit and Nonmaleficence)
- b.) to uphold ethical and professional standards of conduct and behave in a trustworthy manner (Fidelity and Justice)
- c.) to serve the best interest of those with whom we work (Autonomy)
- d.) to practice within the boundaries of competence
- e.) to seek out opportunities for continued professional growth through training, supervision, and consultation

In case I am suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, I have designated a colleague who is a licensed professional as my professional executor. If I die or become incapacitated, my professional executor will be given access to all of my client records and may contact you directly to inform you of my death or incapacity; to provide access to your records; to provide psychological services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, I will be glad to discuss them with you.

This informed consent is valid for one (1) year from the date it is signed. You may withdraw informed consent, in writing, at any time. If you are not satisfied with the services you receive, you may file a grievance. A copy of the agency grievance procedure is available with different procedures for Minnesota and Wisconsin residents. Clients residing in Minnesota may report unresolved grievances to the Minnesota Board of Behavioral Health and Therapy at (651) 201-2756. Wisconsin residents have access on the company website on who to contact for grievances or you can go to: <https://dsps.wi.gov> .

I agree to initial treatment at Compassion Clinic: Therapy Services.

I have received a copy of Compassion Clinic: Therapy Services Privacy Notice explaining my privacy rights under HIPAA. Please visit <https://www.hhs.gov/hipaa/for-individuals/index.html> for more information.

Client Name _____ Date _____

Signature of Client or Guardian _____ Relationship to client: _____