A Rejuvenated Mind Behavioral Health, PLLC

50 N. Brockway St., Suite 4-1. Palatine, IL 60067
Phone: 224-877-1730

Informed Consent for Assessment and Treatment

As a client at A Rejuvenated Mind Behavioral Health, you can expect confidential, personalized and respectful care. We will conduct an initial evaluation to assess your personal needs in treatment, as well as to develop a treatment plan that best helps you to achieve your goals. Treatment at A Rejuvenated Mind Behavioral Health, PLLC is a collaborative process between yourself and your clinician.

Treatment primarily consists of individual psychotherapy sessions between yourself and the counselor. Family counseling, as well as couples counseling is also a service provided by A Rejuvenated Mind Behavioral Health, PLLC. Please note that in your first session, confidentiality in the counseling environment will be discussed, and you will be provided with the opportunity to discuss any concerns or questions you may have regarding treatment.

At A Rejuvenated Mind Behavioral Health, PLLC we follow the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as Illinois State law, to ensure your confidentiality. Under HIPAA, you have the right to receive copies of your records, as well as control the dissemination of your confidential health information. According to office policy, a $20.00 processing fee will be charged for all requests for counseling documents. You will be asked to complete a Release of Information Form for all entities that you wish to have access to your medical records, including your insurance provider. There are limits to your confidentiality however, that you should be aware of prior to initiating treatment. Confidentiality can be broken for the following reasons:

1. If you verbalize intent to harm yourself, and your counselor believes that you have the means and are in imminent danger, your counselor may be mandated by law to inform the entities necessary to ensure your safety. This may include notifying law enforcement to perform a wellness check for your safety, or to connect you with emergency services. If you are a minor, this may also include notifying your parents.

2. If you verbalize the intent to harm others, your counselor is mandated by law to release your identifying information to police, as well as inform the individual whom you intend to harm. If you are a minor, your parents will also be notified.

3. If you are a minor, and an individual who is in a caretaking role is abusing you verbally, physically, sexually, or is neglectful of your care, a DCFS hotline call will be made by your counselor.

4. If you report that you are abusing the elderly (verbal, physical, sexual or neglect), or if you are a member of the elderly population and report abuse, the Elder Abuse Hotline will be called by your counselor to ensure safety.

5. Behavioral Health records can be disclosed with a subpoena, when the subpoena is accompanied by a court order. In the case of DCFS investigations, a court order is not required

for testimony. Please note that we will make every reasonable attempt to notify you regarding the receipt of the subpoena prior to testifying.

Please note that, in the case of minors, Illinois state law requires only one parent to provide consent for the release of information. Additionally, Illinois state law permits minors ages 12 and older to inspect a copy of their own medical record upon request. However, according to HIPAA and Illinois state law, the therapists personal notes are excluded from the medical record if they are not shared with any other person, other than the counselor's direct supervisor or an attorney. Individuals between the ages of 12 and 17 are permitted by state law to control the dissemination of their own confidential information. Illinois state law specifies that parents are permitted access to information related to current physical and mental condition, the minor's diagnosis, treatment needs, the specific services provided to the minor, as well as any treatment recommendations. All additional information will require that the minor complete the General Release of Information form for the release of information to parents/legal guardian.

_____

I verify that I have read and understand the above information.

Signature of Individual: Date:

Parent/Guardian Signature: Date:

Relationship to Minor:

Witness Signature: Date:

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Virtual Counseling Addendum to Informed Consent for Assessment and Treatment

Virtual counseling includes counseling services provided either via phone, or secure HIPAA compliant video conferencing. Virtual counseling is not recommended for long term clinical care, and only for individuals struggling with mild to moderate behavioral health symptomology. At any time, the counselor reserves the right to re-assess the clinical appropriateness of virtual counseling, and require clients to present for in-person sessions.

Prior to the initiation of virtual counseling services, all clients must have a signed copy of the "Virtual Counseling Addendum to Informed Consent for Assessment and Treatment" in their file. Clients must also have one in-person meeting with their counselor in order to complete an intake assessment and develop treatment plans. Appointments for virtual counseling will be scheduled directly with your counselor, through a HIPAA compliant virtual counseling service.

Limitations:

Unlike in-person counseling, certain barriers to communication are more evident over virtual format, such as interpreting non-verbal forms of communication. Additionally, virtual counseling can encounter technical errors, such as poor connectivity and unplanned interruptions, which can hinder the efficacy of treatment.

Virtual counseling is not appropriate for clients in crisis, due to the above mentioned limitations. If a client is in a crisis they will be referred to in-person counseling with their therapist, or in the case of imminent danger, will be referred to their nearest ER or directed to call 911.

Confidentiality:

Our commitment to confidentiality remains the same when applied to virtual counseling. A Rejuvenated Mind Behavioral Health adheres to all HIPAA guidelines. However, please note that there are some potential barriers to confidentiality when counseling is applied to an online format. Questions related to confidentiality can be addressed directly with your counselor.

Client Responsibility/Agreements:

In order to protect confidentiality and the integrity of the session, the client agrees to the following:

1. Counseling sessions will be conducted in a quiet space. Unless otherwise agreed upon, only the counselor and the client will be present in the session.
2. Clients will utilize a secure internet connection, to protect their confidentiality. All internet connections utilized by your counselor will also be secure.
3. Clients will not record or take screenshots of virtual counseling sessions. Recording virtual counseling sessions in any way, will lead to termination of services.
4. Clients will remain free of substances during virtual counseling sessions.

5. Clients will complete the emergency contact information listed below. If concerns about client safety arise, the client understands that their counselor will call the emergency contact to ensure the clients safety. The counselor also reserves the right to call 911 if deemed clinically appropriate.

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Client: _____ Phone Number: _____

I verify that I have read, understand and agree to the above information.

Signature of Individual: Date: _____

Parent/Guardian Signature: Date: _____

Relationship to Minor: _____

Witness Signature: Date: _____