

Psychological Health- Roanoke
Informed Consent for Treatment

Confidentiality

Clinicians and staff in Psychological Health-Roanoke value the patient-therapist and patient-physician relationships and strive to keep all information confidential. We only release information to others with your written permission.

Here are some important exceptions to this confidentiality of which we want you to be aware. These include:

- Suspected child abuse or neglect
- Suspected abuse or neglect of an elderly or incapacitated adult
- Patient is thought to be an immediate threat to self or others
- Court-ordered releases with regard to legal actions
- If you yourself are a health care provider and your condition places the public at risk
- Misconduct by a health care provider
- Workers Compensation

Other Matters Related to Confidentiality

- It may occasionally be helpful or necessary to consult about a patient with another professional. In these consultations, the physician/therapist makes every effort to avoid revealing the identity of the patient. The consultant is, of course, also legally bound to maintain confidentiality.
- If insurance reimbursement is requested, we are required to provide the insurer relevant information such as diagnosis and/or treatment plan.
- If the patient is under eighteen years of age, please be aware that while the specific content of therapy is confidential, parents have a right to receive general information on the progress of the treatment and have legal access to the record.

My therapist has discussed my diagnosis as well as the method of treatment. The nature of the treatment has been described to me as well as possible side effects and alternative forms of treatment. I understand I may withdraw from treatment at any time, but if I decide to do this, I will discuss my plan with this physician/therapist before acting on it.

The physician/therapist has further discussed with me scheduling policies, fees to be charged, and matters relating to insurance, and if applicable, preauthorization and utilization review issues.

If you need to change an appointment, please give us a minimum 24 hours notice. We reserve the right to assess up to \$65.00/per hour service charge to patients who break or fail to attend their appointment commitments with us and who fail to give us at least 24 hours notice of their intention to do so. Follow-up appointments will only be made when any outstanding co-payment balance is paid.

I have read the above; fully understand the diagnosis, the nature of treatment, the alternatives to this treatment, the fees, and the limits of confidentiality and give consent for treatment.

I acknowledge that I have been given the Psychological Health-Roanoke Notice of Privacy Practices. I understand that if I have questions or complaints that I should contact the Privacy Official. Patient Initial: _____

Patient: _____ Date: _____

Provider: _____ Date: _____