

LUMMI BEHAVIORAL HEALTH INFORMED CONSENT FORM

AND AUTHORIZING FOR COUNSELING

Services and Staff: The Lummi Behavioral Health Division offers a wide range of counseling services: individual, group, and family therapies that are provided by **qualified** Mental Health or Chemical Dependency Professionals/Counselors through **a holistic** approach. The Lummi Behavioral Health Division will keep records of this treatment in an electronic format with Lummi Nation that is safeguarded by IT/IS security systems required by state and federal standards and you have been orally informed of the associated limitations and risk.

The Behavioral Health Division will continue to work as a team in order to provide the best care for you and/or your child/family. Confidential information from counseling sessions will be disclosed only with your written permission or as required by law.

Confidentiality: The Lummi Behavioral Health Division transitioned to an electronic health record system on 08/13/2012. The electronic health system is a certified health information system with features that protect and track your health information. All information disclosed in sessions is confidential and may not be revealed to anyone outside the Lummi Behavioral Health Division without your written permission. The only exceptions are in situations where disclosure is required by law:

1. If you present an imminent threat or harm to yourself or to others
2. When there is an indication of abuse of a child or dependent adult, and/or elder
3. If you become gravely disabled
4. By court subpoena or court order
5. Insurance purposes

Crisis Response: If you have made arrangements with your primary counselor to call after hours or to make a next day appointment, you will do so. If you feel that you are in crisis and likely to harm yourself or others, you will follow your crisis plan which may include calling afterhours:

Care Crisis Response Services Line at: 911 or 1-800-584-3578.

Risks and Benefits: There is the possibility of risks and benefits, which may occur in counseling. Counseling may involve the risk of remembering unpleasant events and may arouse strong emotional response, feelings and may not be the right treatment for you. You have the right to discontinue services if desired. The benefits from counseling may be an improved ability to relate with others, a clearer understanding of self, values, goals, increased productivity in daily living skills, a decrease in suicidal or homicidal thoughts, a decrease in anxiety and panic, a decrease in anger or irritability, an increase in the ability to cope, and an ability to deal with everyday stress. Taking personal responsibility for your actions and working with these issues may lead to greater growth and movement forward in your life.

Eligibility, Appropriateness, and Referrals: The delivery of services from this agency shall be contingent upon whether you and the Counseling staff can agree that the services are appropriate given the needs and conditions you present. If it is decided that this is not the appropriate agency to meet your needs, you will be given referrals to resources more appropriate to meet your needs and goals.

Fees: The Behavioral Health Division will bill Medicaid or other insurance for services. A lack of personal financial resources will not prevent Native American youth and adults from receiving counseling services.

Acknowledgement of Privacy Practices: You have rights to privacy regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Your protected health information can and will be used to:

- Provide and coordinate your treatment among a number of health care providers who may be involved in that treatment directly and indirectly
- Obtain payment from third party payers for your health care services
- Conduct normal health care operations such as quality assessment and improvement activities

You may request in writing restrictions as to how your private information is used or disclosed to carry out treatment, payment, or health care operations. We are not required to agree to your requested restrictions, but upon agreement we are bound to abide by such restrictions.

Client Rights: You have the right to be treated with respect, dignity and privacy. A full list of your rights is posted in the waiting room.

Informed Consent and Authorization for Counseling: I have acknowledged that Behavioral Health Division read this Informed Consent to me and you understand the terms described above. Also, you have had the opportunity to ask questions, you have received a copy of “Client Rights & Notice of Privacy Practices”, and you consent to treatment.