

Informed Consent for Treatment

We feel it is important that you are fully informed of the services you will be receiving. Your signature below indicates that you have received, read, and understand the practice policies of the Counseling Center @ MENTAL HEALTH ASSOCIATION OF SO CENTRAL KS and you are making an informed decision about entering treatment.

Regular therapy sessions are limited to a clinical hour. The time for sessions is set aside for each client, so it is important to be on time. Session duration may be adjusted if planned in advance based on individual needs.

The Counseling Center @ MENTAL HEALTH ASSOCIATION OF SO CENTRAL KS has a cancellation policy requesting notice of cancellation 24 hours in advance. Frequent or multiple cancellations without advance notice could result in termination of services.

Questions about appointment schedule should be made by calling the receptionists. Clinicians are not routinely available for phone calls and are not available by email. Messages returned by Clinicians may take up to 48 hours. Treatment issues and questions should be handled during scheduled sessions.

Clinicians are not available for on call, crisis situations. If there is an immediate emergency, clients should call Crisis Intervention Services at 316-660-7500 or 911.

Except under specific circumstances required by law, communications with Clinicians will be held in confidence as will records regarding treatment, unless written consent is given authorizing access. Family members are not entitled access to client information solely because they are family.

There are certain circumstances in which Clinicians must break confidentiality. According to Kansas Statute, those circumstances exist when: 1) a Clinician believes that a client may be a danger to self or others; 2) the Clinician believes that a child, elderly or disabled person may be subject to abuse, neglect, or exploitation; 3) when a court order exists mandating information regarding therapy must be provided.

Kansas law requires that Clinicians consult with a primary care physician or psychiatrist to determine if there may be a medical condition that is contributing to symptoms of a mental illness. In order to complete such a consultation, the Clinician will request a release of information and authorization form, unless that request is waived.

I understand that there are risks and benefits associated with treatment and those have been discussed with me.

Clients have the right to leave therapy at any time and should discuss termination with the Clinician.

Childcare is not provided in the waiting room; clients need to make necessary arrangements for the care of minors.

If there is no activity on a client file for a period of four weeks, the case will be closed. Files may re-opened by calling to set up a new intake.

Additional Consent for Medication Management Services:

Routine medication refills should be completed by calling your pharmacy of choice. For changes to medications, call during regular business hours. You may be asked to schedule an appointment to initiate the request. Medications will not be refilled or changed after hours. Lost prescriptions for controlled substances are not replaced.

Clients name printed

Clients signature

Clinician signature

Date