CDNC

Child Development & Neuropsychology Center, Inc.
275 E. South Temple, Ste. 345
Salt Lake City, UT 84111
p: 801-355-0195, f: 801-355-0199
www.cdnc-ut.com

Consent for Care

Your signature on this consent form represents an agreement for care. You may revoke this Agreement in writing at any time. That revocation will be binding unless we have taken action in reliance on it; if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy; or, if you have not satisfied any financial obligations you have incurred.

You have a right to refuse treatment at any point during our work together. It is your responsibility to choose the provider and type of treatment that best suits your needs. You have the right to ask questions concerning the findings of an evaluation, and the right to raise questions about my therapeutic approaches and the progress that is being made at any time. If you feel that progress is not being made, please bring it to my attention quickly and I will make every effort to respond to your concerns. I am always happy to facilitate a referral to other resources if you wish.

Consent and Confidentiality For Minors

As a psychologist, I must treat the legal guardian(s) of the child as the patient with respect to protected health information relevant to that representation (letting the guardian exercise the privacy rights that a patient would normally exercise, receiving notice, consenting to disclosure, having access to their records and the right to amend).

Confidentiality

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

While I am not paneled with any insurance providers, I will provide you with an invoice that includes some basic information, including procedure codes and treating diagnoses, that can be used by you as a 'super bill' for out-of-network reimbursement if your policy allows for that. You should also know that if you choose to submit for reimbursement, insurance companies reserve the right to also audit my records, potentially allowing them access to further information in your patient file. In such situations, we will make every effort to release only the minimum information about your child that is necessary for the purpose requested. We will provide you with a copy of any report we submit, if you request it.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, a judge may order my testimony if they determine that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being or has been abused or neglected, may be required to make a report to the appropriate state agency. Additionally, if I believe that a patient is threatening serious bodily harm to themselves or another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm themselves, I may be obligated to seek hospitalization for them or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together. Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible; however, if you need specific clarification or advice, I am unable to provide formal, legal advice.

Divorced or Separated Parents

When parents are separated or divorced, it is strongly preferable for both parents to consent to evaluation or treatment for their child and to agree regarding payment for these services. I will ask you to provide me with a copy of the most recent custody decree that establishes custody rights and the right to authorize treatment for your child. Please be aware that it is my policy to notify the other parent that I am meeting with your child. I believe it is important that all parents have the right to know, unless there are truly exceptional circumstances, that their child is receiving a mental health evaluation or treatment. Unless there is legal documentation to the contrary, please be aware that either parent may request access to the child's information. Please note that I do not perform custody evaluations and therefore do not make custody or visitation recommendations.

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Consent and Confidentiality with School/Agency Involvement

There are times when I provide service to an individual that is funded through a school district or outside agency. In this case, the agency and the parents/legal guardians are required to provide consent to care. In addition, it needs to be understood that there is an open exchange of information between the parents/legal guardians, school/other agency, and the Child Development & Neuropsychology Center, such that any information given to us by the agency can be shared with the parents/legal guardians and any information provided to us by the parents/legal guardians can be shared with the agency.

Contacting Us

Myself and office staff are often not immediately available by telephone. Therefore, I *cannot* provide crisis care. If you think that you may need this level of support, please let me know so that I can determine whether I am an appropriate provider for you, or if we need to develop a crisis plan for you. Leaving a message on the office voicemail is usually the only way to reach me or office staff. We will make every effort to return your call on the days that we are scheduled to work and will keep you informed of our work schedules as best as we can. If I am unavailable for an extended length of time, I will provide you with the name of a colleague to contact, if necessary. If you are difficult to reach, please inform us of some times when you will be available.

If you are in crisis, you should call 911, the National Suicide and Crisis Line (988), the Utah Crisis Line (1-800-273-8255 [TALK]), or go to the nearest Emergency Room.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES, HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS, AND AGREE TO THE TERMS IN THIS DOCUMENT. I GIVE PERMISSION FOR EVALUATION AND/OR TREATMENT OF MYSELF, OR IF THE PATIENT IS A MINOR, MY CHILD, AND STATE THAT I AM THE PARENT/LEGAL GUARDIAN FOR THIS INDIVDUAL.

_____ _____/_____/_____
Patient's Full Name Patient's DOB:

_____ _____
Signature of Patient (if 18+years old) or Parent/Guardian Signature Date

_____ _____
Signature of Psychologist Date

Acknowledgment of HIPAA Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA) requires that we provide you with a Notice of Privacy Practices for use and disclosure of personal health information (PHI) for treatment, payment and health care operations. This Notice explains HIPAA and its application to your personal health information in greater detail. This form is available at my website or in my office. The law requires that we obtain your signature acknowledging that we have provided you with this information by the end of your first session.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE RECEIVED AND READ THE HIPAA NOTICE DESCRIBED ABOVE.

_____ _____
Signature of Patient (if 18+years old) or Parent/Guardian Signature Date