INFORMED CONSENT AND MINOR CONSENT

SOURCE: Outpatient Behavioral Health

I. Informed Consent

What is behavioral health care and how will my treatment be structured?

Generally, behavioral health care refers to treatment with a trained professional for emotional or behavioral difficulties. However, behavioral health care varies greatly depending on the behavioral health provider's approach, the patient's needs and the patient's medical condition. The behavioral health providers at Lakewood will do their very best to work collaboratively with you to develop a treatment plan that will include scientifically supported treatment methods in the context of a supportive and understanding treatment relationship. Your treatment experience will be most effective if you take an active role in your treatment by working on things discussed both during sessions with your behavioral health provider and in your day-to-day life.

The first few meetings with your behavioral health provider will typically involve an assessment of your needs. By the end of the assessment, your behavioral health provider will have formulated a behavioral health diagnosis, which is required by most insurance plans as a condition of reimbursement. At that time, your behavioral health provider may propose a treatment plan and offer you some first impressions of what your treatment may entail. You should evaluate this information along with your own opinions of whether you feel comfortable working with your behavioral health provider. Behavioral health care involves a large commitment of time, money, and energy, so you should be careful about making the decision to continue treatment. One of the most important factors in the success of treatment is a strong alliance between the behavioral health provider and client. At any time during your treatment, you may ask your behavioral health provider questions about their qualifications, background, and therapeutic philosophy and approach, as well as about any specific procedures or treatment strategies. You may seek a second opinion from another behavioral health provider at any time during your treatment. You may also terminate your treatment at any time.

After the initial assessment, patients typically meet with their behavioral health provider on approximately a weekly to bimonthly basis for 25 to 45-minute appointments. The frequency and duration of your appointments will be determined by you and your behavioral health provider based on your clinical needs, but will also take into consideration you and your behavioral health provider's schedules.

What are the risks and benefits of treatment?

Behavioral health treatment has been shown to have many positive effects, which may include better relationships, solutions to specific problems, and significant reductions in distressing symptoms. However, there are also risks of which you need to be aware. Because treatment often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. While there can be no guarantee what you will experience, your behavioral health provider will work to provide the most positive treatment experience they can offer.

In addition to risks and benefits, you need to be aware that participating in behavioral health treatment can affect your life in other unintended ways. For example, having a documented behavioral health disorder and receiving any kind of treatment for that disorder can make it more difficult and costly to be approved for health, disability, and/or life insurance. It can also make it more difficult to be approved for certain jobs or to be approved for certain levels of security clearance. These issues are no different than having certain documented medical illnesses/disorders and receiving medical care for them which can have the same unintended consequences. If you have any concerns or questions about these issues, please discuss them with your behavioral health provider.

What about medication management?

Psychiatric medications can be very beneficial for many people; they can also have side effects. Therefore, routine follow up with your behavioral health provider is essential to monitor the effectiveness, as well as side effects, of these medications. For these reasons, adjustments to your psychiatric medications will not be done over the phone. They must be done in a face-to-face appointment with your behavioral health provider.

If you need a refill of your psychiatric medications, please call your pharmacy and they will relay to us the needed refill(s). We have behavioral health providers available to refill your medications Monday thru Thursday. Therefore, if you call in a refill on a Friday, it may be the following Monday before your request is addressed. For this reason, please plan accordingly so you do not run out of your prescribed psychiatric medication.

What is psychological testing and how is it used?

Psychological testing is sometimes requested by your behavioral health provider to help with diagnostic formulation and treatment planning. Your behavioral health provider will discuss specifics regarding the nature and purpose of testing, such as why the testing is being administered and who will be allowed to see the results. It is your decision as to whether or not you want to proceed with the testing. Once the testing is completed, you will be given the test findings and recommendations.

II. Policies and Practices

Patient Rights

Patients receiving behavioral health treatment on an outpatient basis have the following legal rights throughout their course of treatment at Lakewood:

- **Information about rights**. Patients shall, at admission, be told there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement

of the applicable rights and responsibilities set forth in this section. Reasonable accommodations shall be made for those with communication impairments, and those who speak a language other than English. Current facilities policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and Section 626.557, relating to vulnerable adults.

- **Courteous treatment.** Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in Lakewood.
- **Appropriate healthcare.** Patients have the right to appropriate medical and personal care based on individual needs.
- **Provider's identity.** Patients have the right to be given, in writing, the name, business address, telephone, and specialty, if any, of the provider responsible for coordination of their care, if medically advisable. In cases where it is medically inadvisable, as documented by the attending provider in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient or resident as a representative.
- **Relationship with other health services.** Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. In cases where it is medically inadvisable, as documented by the attending provider in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient or resident as a representative.
- **Information about treatment.** Patients shall be given complete and current information concerning their diagnosis, treatment, alternatives, risks and prognosis as required by the provider's legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending provider in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient as their representative. Individuals have the right to refuse this information.
- **Participation in planning treatment; notification of family members.**
  (a) Patients shall have the right to participate in the planning of their healthcare. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event the patient cannot be present, a family member or other representative chosen by the patient may be included in such conferences.
  (b) If a patient who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient has an effective advance directive to the contrary or knows the patient has specified in writing they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient has executed an advance directive relative to the patient's health care decisions. For purposes of this paragraph, "reasonable efforts" include: (1) examining the personal effects of the patient; (2) examining the medical records of the patient in the possession of the facility; (3) inquiring of any emergency contact or family member contacted whether the patient has executed an advance directive and whether the patient has a provider to whom the patient normally goes for care; and (4) inquiring of the provider to whom the patient normally goes for care, if known, whether the patient has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.
  (c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient and the medical records of the patient in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility is not liable to the patient for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.
- **Continuity of care**. Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.
- **Right to refuse care.** Competent patients shall have the right to refuse treatment based on the information required to be given under "Information about treatment" above. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.
- **Experimental research.** Written, informed consent must be obtained prior to a patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.
- **Freedom from maltreatment.** Patients shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. Maltreatment means conduct described in Section 626.5572, Subdivision 15, or the intentional and non-therapeutic infliction of physical pain or injury, or

any persistent course of conduct intended to produce mental or emotional distress. Every patient shall also be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patients' provider for a specified and limited period of time, and only when necessary to protect the patient from self-injury or injury to others.

- **Treatment privacy.** Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.
- **Confidentiality of records.** Except when prohibited by law, patients shall have the right to keep their personal and medical records confidential, and to control the disclosure of these records. More information about when and how Lakewood may disclose these records without the patient's consent is available in the "Confidentiality" section below and in Lakewood's Notice of Privacy Practices, a copy of which is provided to every patient and is available on Lakewood's website.
- **Responsive service.** Patients shall have the right to a prompt and reasonable response to their questions and requests.
- **Grievances.** Patients shall be encouraged and assisted throughout their stay in a facility or their course of treatment to understand and exercise their rights as patients and citizens. Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints shall be posted in a conspicuous place. Every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision-maker if the grievance is not otherwise resolved.
- **Protection and advocacy services.** Patients shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so the patient may receive assistance in understanding, exercising and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

Patients receiving behavioral health services offered by providers licensed in Minnesota have the right to:

- Expect that providers have met the minimal qualifications of training and experience required by state law;
- Examine the public records maintained by the Board of their provider that contain their credentials;
- Obtain a copy of the rules of conduct from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, St. Paul, MN 55155;
- Report complaints to the proper Board of their provider (see information below);
- Be informed of the cost of professional services before receiving the services;
- Privacy as defined by rule and law;
- Be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving behavioral health services;
- Have access to their records as provided under Minnesota law; and
- Be free from exploitation for the benefit or advantage of the provider.

Board of Psychology 335 Randolph Avenue, Suite 270, St. Paul, MN 55102
Phone: 612-617-2230 Email: psychology.board@state.mn.us
Website: https://mn.gov/boards/psychology/

Board of Social Work 335 Randolph Ave, Suite 245, St. Paul, MN 55102
Phone: 612-617-2100 Email: social.work@state.mn.us
Website: https://mn.gov/boards/social-work/

Board of Nursing 1210 Northland Drive, Suite 120, Mendota Heights, MN 55120
Phone: 612-317-3000 Email: nursing.board@state.mn.us
Website: https://mn.gov/boards/nursing/

Board of Marriage and Family Therapy 335 Randolph Avenue, Suite 260, St. Paul, MN 55102
Phone: 612-617-2220 Email: mft.board@state.mn.us
Website: https://mn.gov/boards/marriage-and-family/

Board of Behavioral Health and Therapy 335 Randolph Avenue, Suite 290, St. Paul, Minnesota 55102
Phone: 651-201-2756 Email: bbht.board@state.mn.us
Website: https://mn.gov/boards/behavioral-health/

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Board of Medical Practice 335 Randolph Avenue, Suite 140, St. Paul, Minnesota 55102
Phone: 612-617-2130 Email: medical.board@state.mn.us
Website: https//mn.gov/boards/medical-practice/

Patient Responsibilities:
Lakewood expects each therapy patient to:

1. Refrain from physical (and other) abuse of self, others, and property. Patients are responsible for repair or replacement of any property they damage in the facility.
2. Devote reasonable energy and time to treatment. Treatment is generally hard (emotional) work. For progress to occur, we recommend making your treatment a high priority in your personal life. Your behavioral health provider may regularly assign homework that is intended to help you learn about yourself and doing your homework is expected to expedite your treatment.
3. Keep appointments as made.
4. Keep current in paying your fees (deductibles, co-payments).
5. Inform those involved in the treatment plan about any changes to physical health or insurance plan.

Confidentiality:
Your behavioral health provider will not disclose the fact that you receive treatment or information obtained during your treatment without your written permission, except when your behavioral health provider is mandated or authorized by law to disclose certain information about you without your consent. For example, your behavioral health provider is legally required to disclose information obtained during your treatment in response to a valid court order, when their statutory duty to warn is triggered, and when reporting the maltreatment of a minor or vulnerable adult. Additional examples of when your behavioral health provider will release your information without your consent are described in Lakewood's Notice of Privacy Practices, a copy of which has been provided to you and is available on Lakewood's website. If you are a minor, there are also special laws governing when your behavioral health provider may share information about you with your parent or guardian, and your behavioral health provider will discuss these laws with you and answer any questions that you may have about them.

For more detailed information about how Lakewood Health System may use or disclose your medical information, please refer to Lakewood Health System's Notice of Privacy Practices.

Integrated Healthcare and Electronic Medical Record:
Lakewood is an integrated healthcare facility where medical and behavioral health professionals from different departments work together in a collaborative way. Information related to your outpatient behavioral health treatment is part of your "health record" and will be stored in Lakewood's electronic health record (EHR) with all other health information Lakewood maintains about you. The specific EHR Lakewood uses is Epic. A large percentage of Minnesota uses Epic. That means if you receive care at another facility that also uses Epic, your information from Lakewood can be made available at that facility. Additionally, if you want to review your health record on your own, you can register with MyChart for access to your EHR using an internet connection and home computer or another electronic device. If you request in writing the release of your health record, please be aware that information related to your outpatient behavioral health treatment will be released as part of that record, unless you specifically indicate in writing you do not authorize such information to be released. Conversely, if you only want your outpatient behavioral health treatment information released, you need to make that clear in your written consent to ensure other health information is not released. If you have questions about receiving care in an integrated care facility or in a facility that uses Epic, please talk to your provider.

Consultation and Supervision:
To provide you with the best possible service, we engage in ongoing supervision and consultation with behavioral health professionals within behavioral health services and your primary care provider at Lakewood. This is required by our Ethics Codes and helps ensure you receive the best services we can provide. When discussing client information, confidentiality is highly respected and protected.

Behavioral Health Provider Absences:
If possible, Lakewood will give you reasonable notice before your behavioral health provider goes on any extended absence. If your behavioral health provider is going to be unavailable for an extended period of time, another behavioral health provider will be available for emergencies. The name and phone number of that individual will be provided to you ahead of time. If you feel you will need ongoing treatment during an extended absence of your behavioral health provider, please contact the behavioral health services schedulers at 218-894-8852 or 218-894-8835 to make arrangements to receive therapy during the time your behavioral health provider is unavailable.

Terminating Therapy:
If you are actively involved in behavioral health treatment, you will be encouraged to participate until your symptoms improve, your functioning returns to healthy levels, and you meet your treatment goals. Once those goals are met, you and your behavioral health provider will work together to bring your treatment to a healthy close. Other reasons for ending treatment are outlined below.

Behavioral health providers are ethically required to continue therapeutic relationships only so long as it is reasonably clear clients are benefiting from the relationship. Therefore, if your behavioral health provider believes you need additional treatment or if it is believed they can no longer

help you with your problems, that will be discussed with you and an appropriate referral will be made or your treatment will be terminated as necessary.

You have the right to terminate or take a break from your care with a behavioral health provider at any time without permission or agreement. If you do decide to exercise this option, you are encouraged to discuss with your behavioral health provider during your appointment the reason for your decision in order to bring sufficient closure to your work together. In your final sessions you can discuss your progress and explore ways in which you can continue to utilize the skills and knowledge you have gained through your treatment. You can also discuss any referrals you may require at that time. If you do not maintain contact with your behavioral health provider or the clinic for an extended period of time it will be assumed you have voluntarily withdrawn from treatment and are doing well or seeking treatment elsewhere.

If your behavioral health provider becomes aware of a potential conflict of interest that could have a negative impact on your treatment, your behavioral health provider is obligated to consider alternative options for you. The best option may be to terminate the treatment relationship and make a referral.

If while in the care of a behavioral health provider you do not follow-up as scheduled, have multiple late cancellations or no-shows, or if you are noncompliant with treatment recommendations, consideration will be given to terminating your treatment contract even if you have not yet met your treatment goals. In that situation, you will be provided a referral to another behavioral health provider or clinic.

If you are aggressive, threatening, or abusive in any way to your behavioral health provider or behavioral health staff, your relationship with your behavioral health provider will be terminated immediately and you will be referred to another behavioral health provider.

If you and/or your behavioral health provider decide termination of treatment is appropriate for any reason, that does not mean you cannot receive care in the future from your behavioral health provider or another behavioral health provider. If your symptoms or difficulties return, you are strongly encouraged to return to your care with your behavioral health provider or another behavioral health provider to help you address any reemerging issues of concern.

After Hours Emergencies:
Behavioral health providers are not available after usual business hours for emergencies. Messages are checked weekdays between 8 a.m. and 5 p.m., Monday through Friday. To leave a message at the clinic, call 218-894-8852 or 218-894-8835 and your behavioral health provider will return your call as soon as possible during normal business hours. Know that it may not be possible for your behavioral health provider to return your call the same day.

If you are experiencing a medical emergency, call 911 immediately or present to the Emergency Room. For assistance with medical issues that are not medical emergencies, please contact your primary care provider or clinic during normal business hours. You may also call the following numbers: Crisis Line & Referral of the Brainerd Lakes Areas 1-800-462-5525; National Suicide Prevention Lifeline 1-800-273- 8255; St. Joseph's Medical Center, Brainerd 218-829-2861; Cuyuna Regional Medical Center, Crosby 218-546-7462; Minnesota LinkVet 1-888-546-5838; St. Cloud Hospital 320-251-2700; HCMC Crisis Center 612-873-3161.

III. Financial Information

Our strongest recommendation is that if you choose to utilize insurance to pay for treatment, stay well informed regarding your policy. We will do what we can to assist you with this, but ultimately it is your responsibility. Please talk with Patient Financial Services if you need assistance. You will be responsible for any co-pay or deductible as designated by your insurance company.

Insurance Confidentiality Limits:
When insurance is utilized for treatment services, patients should be aware of the limits of confidentiality. Typically, insurance companies only require the following information: behavioral health diagnosis, length of illness, dates of service, and the names of persons being treated. Some managed care companies require additional information such as family history, abuse history, alcohol and drug history, treatment goals/interventions, the details of the treatment sessions, and on some occasions, treatment notes. In addition, providers are now required to sign waivers that allow the payers to audit client records. That means if you utilize your insurance benefits for therapy services, you may not have the extent of confidentiality you would otherwise expect.

Fees and explanation of some procedures:
Professional fees are set by Lakewood and are based on the type of service you receive. Fees will change from time to time based on market conditions and regulatory requirements. Initial evaluations have a higher fee than follow up visits. Psychological testing, if used, also incurs a fee. Any additional professional services requested by you or on your behalf (e.g., disability determination, legal depositions or court appearances) will also incur fees. Such additional fees are not covered by insurance and will be your responsibility. You should talk with Patient Financial Services about the specific fees for services you may be considering, requesting, or that may be or have been requested on your behalf.

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I hereby certify I have explained the nature, purpose, benefits, risks, and alternatives to behavioral health treatment and/or psychological testing and have answered any questions posed by the patient or the representative acting on behalf of the patient. My observations of the behavior and responses of the patient or representative give me reason to believe that the patient or representative is fully competent to give informed and willing consent.

_____
Print healthcare professional name

_____ _____
Healthcare professional signature Date

I hereby certify I reviewed this information with my behavioral health provider or another behavioral health professional and have had an opportunity to ask questions and have them answered to my satisfaction.

_____ _____
Print patient name Date of birth

_____ _____
Patient signature Date

_____
Print parent/guardian name

_____ _____
Parent/guardian signature Date

I have reviewed and understand the above sections on Policies and Practices and Financial Information.

_____ _____
Patient signature Date

_____ _____
Parent/guardian signature Date

I understand I will receive a copy of this signed consent form.

_____ _____
Patient signature Date

_____ _____
Parent/guardian signature Date