

CONSENT TO RECEIVE BEHAVIORAL HEALTH SERVICES

This document contains important information about Behavioral Health services and policies. Please read this information sheet carefully and sign below to ensure your understanding and willingness to abide by these policies. Thank you.

What is Behavioral Health?

Behavioral Health services can help you learn new and important things about yourself and others as well as better ways of handling feelings and problems. While there are no guarantees, being treated by a Behavioral Health Specialist could help you feel better and produce beneficial results. You will know that Behavioral Health is working when you feel less worried, afraid or anxious; problems are being resolved; relationships are improving, or you come to feel better about yourself. Sometimes you may feel worse before you begin to feel better. This is normal and part of the therapeutic process, and usually means that you are making progress.

Confidentiality

All the information that is shared and verbalized during Behavioral Health sessions is confidential. This means that all types of information is private and that third parties cannot obtain any information without your prior consent. When there is information that may need to be shared with other agencies outside of Camino, your Behavioral Health Specialist will ask that you sign the Authorization for Disclosure and Exchange of Information.

There are four exceptions that California law demands we report in the following situations:

1. When there is any suspected child abuse (physical, emotional, and/or psychological) or child neglect. Note, when there is domestic violence in a home where children are present, it may be a reportable form of child abuse.
2. When there is any suspected elder abuse (physical, emotional, psychological, and/or financial). Elder abuse is defined as abuse to people, age 65 years old or older.
3. Where there is any suspected abuse (physical, emotional, psychological, and/or financial) of disabled (mentally, physically or developmentally) person, age 18-64 years old.
4. When someone is considered a danger to themselves, to others, or to the property of others.

Behavioral Health Hours and Availability

Behavioral Health hours of operation at Camino Health Center are from 8 A.M. to 5:00 P.M. from Monday through Friday.

Note that your Behavioral Health Specialist may not be available all these days and/or hours. If your Behavioral Health Specialist is not in the office and/or he/she is with another client, you may see another Behavioral Health Specialist and/or leave a non-emergency message for your Behavioral Health Specialist. Your Behavioral Health Specialist will get in touch with you at the earliest convenience. IN CASE OF AN EMERGENCY, CALL 9-1-1.

Appointments

- Length of Behavioral Health consults are based on individual patient needs, but usually are

between 15-45 minutes.

- Behavioral Health follow up appointments last approximately 30-60 minutes and the number of sessions is based on medical necessity of each patient, not to exceed a maximum of 12 sessions.
- If you need to cancel an appointment, please notify Camino Health Center within **24 hours** in advance.
- The cost of counseling is based on a sliding scale. Your cost for counseling depends on your household size and yearly income. No patient will be denied services for inability to pay.

Supervision

Clinical supervision at Camino Health Center is provided by professionals who are licensed through the State of California. Therefore, your information may be discussed in clinical supervision with the clinical supervisor or Behavioral Health Specialist. You may call Camino Health Center at (949) 240-2272 to speak with the clinical supervisor if you have questions or if you have any problems with your Behavioral Health services.

Client Name: _____ DOB: _____

CONSENT

By signing this form, I am consenting to receive Behavioral Health services. I have read the information and fully understand and agree to the above conditions and policies.

Patient's Signature	Date
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Parent's Signature (if applicable)	Date
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Parent's Signature (if applicable)	Date
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Other family member(s) that will be participating in counseling and signatures:

Family Member - Print Name	Signature	Date
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Family Member - Print Name	Signature	Date
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Witness (Clinician)	Date
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