

BEHAVIORAL HEALTH PROGRAM

PATIENT RIGHTS

1. The right to receive Behavioral Health services without regard to sex, economic status, educational background, race, color, religion, national origin, disability, sexual orientation or marital status.
2. The right to receive services in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment by other Camino Health Center patients or Camino Health Center staff.
3. The right to confidentiality of all communications and records pertaining to your treatment. No records or information will be shared outside the agency without your expressed written permission. Please see the Informed Consent for Counseling Services for the list of exceptions to this policy. You will receive a separate “Notice of Privacy Practices” that explains your privacy rights in detail and how we may use and disclose protected health information.
4. The right to receive information about your mental health status, diagnosis, prognosis, course of treatment in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your treatment plan.
5. The right to end your participation in Behavioral Health Services. We request that you discuss this decision with your Behavioral Health Specialist. You have the right to know why your Behavioral Health Specialist may end counseling services with you.
6. The right to file a complaint or grievance regarding your treatment. Complaints can be mailed to the Privacy Officer, at Camino Health Center, 30300 Camino Capistrano San Juan Capistrano, CA 92675.

PATIENT RESPONSIBILITIES

1. To attend counseling sessions consistently and promptly. If you are frequently late or miss appointments, we reserve the right to close your case and provide you with a list of resources. In the event that you are unable to keep your appointment, it is your responsibility to notify us as soon as possible. We ask for a 24-hour notice if you cannot come for an appointment, unless you have an unforeseen emergency.
2. It is your responsibility to provide accurate and complete information about your present symptoms, past history and other pertinent matters to the best of your knowledge.
3. To participate with your Behavioral Health Specialist in establishing the outcomes for the changes you desire. To actively engage in interventions that will serve to achieve those outcomes.
4. To be considerate of the rights of other Camino Health Center patients and the rights of Camino Health Center staff. (See Client Rights #2).

By signing this document, I acknowledge that I have read the above information and understand my rights and responsibilities.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

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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