

CLIENT IDENTIFYING INFORMATION

NAME: _____ DOB: _____



INFORMED CONSENT TO TREATMENT

THE CLINICAL PROCESS

Role of the Individual Clinician:

You understand that the Clinician's role is to facilitate conversations and interactions which promote individual growth. The Clinician will listen and observe carefully, ask key questions and give insightful feedback that promotes the awareness and skills necessary for successful implementation of positive strategies leading to fulfillment of goals. Additionally, the Clinician may offer supplementary resources. The Clinician is not authorized to give legal advice.

Role of the Client(s):

You understand that your role is to answer the Clinician's questions as completely and honestly as possible, to engage to the fullest extent possible in the clinical process, to follow through with the positive strategies to the best of your ability, and to give feedback to the Clinician as completely and honestly as possible regarding the clinical process and the implementation of the selected strategies.

Collaboration between Clinician and Client(s):

You understand that this is a collaborative process in which the Clinician and the Client(s) work together to co-create goals for well-being, for communication, and for the clinical process.

POLICIES

Non-Discrimination Clause:

No individual or family will be refused services due to religion, sex, race, color, national origin, age, sexual orientation, gender identity, physical or mental handicap, or developmental disability.

Appointments:

Appointments with the Clinician should be set through communication and agreement between the client(s) and Clinician. Changes to appointments should be done at the request of the client(s) by phone, by email, or in person. Appointment rescheduling will be at the discretion of the Clinician, based on his/her availability. Standard sessions are 60 minutes in length.

Cancelled or missed appointments:

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With some exceptions, we ask that you provide a 24-hour cancellation notice, or a session will be logged as a “no-show.” More than three consecutive cancellations will result in discharge. In addition, the Clinician reserves the right to discharge based on a consistent pattern of cancellations, no-shows, or late appointments.

We are unable to “pause” or “suspend” services for more than 3 weeks. If a break in services exceeding 3 weeks is needed, the client will need to be discharged. The client can then be re-referred for services once ready to re-engage and may be subject to being placed on the waiting list. Little City cannot guarantee that the client will be assigned the same clinician.

Communication:

You may contact the Clinician by telephone, email, or text message. The Clinician will respond within 24 hours during the business week (M-F). It is understood that the Clinician does not provide emergency services, and that **Client(s) requiring immediate assistance must call 911 or go to the nearest emergency room.** Clients under 21 in Illinois may also contact the Crisis and Referral Entry Services (CARES) line at (800) 345-9049. If you need additional support, please make this request of the Clinician, and you can be referred to an outside agency that can provide emergency staff.

It is often helpful for the Clinician to use e-mail or text correspondence to communicate some information with you between sessions. The information exchanged via electronic communication is generally logistical in nature, for example scheduling and appointment changes. Although email and text are extremely convenient, they are inherently insecure. Once a therapeutic relationship is established, email and/or text messaging may be used if both parties are agreeable. By you engaging in an email or text conversation with the Clinician you are also acknowledging that you are aware of the possibility of inadvertent release of this information and that information sent over email or text is easily readable by others, although attempts are made to keep the information secure. Email will be archived in your Clinical File.

Confidentiality:

You understand that Little City Clinicians will maintain client confidentiality, meaning that they will not share the contents of a client’s therapy sessions with others, including caregivers of child and adolescent clients, outside of what is determined to be essential for offering strategies and support. You also recognize that Little City Clinicians are mandated reporters and the following limits to confidentiality will apply:

- If you threaten to harm someone else, the Clinician is required by law to take steps to inform the intended victim and appropriate law enforcement agencies.
- If you threaten to cause severe harm to yourself, the Clinician is permitted to reveal information to others if he/she believes it is necessary to prevent the threatened harm.
- If you reveal or the Clinician has reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that the Clinician report this to the appropriate agency.
- If a court of law orders the release of information, the Clinician is required to provide that specific information to the court.

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- If you are given a court-order for services or testing, the results of the treatment or tests ordered may be revealed in court.
- To provide you the best treatment possible, there will be times when the Clinician may seek consultation from another licensed mental health professional. In such consultations, the Clinician will make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential, although the exceptions to confidentiality apply to them as well.

Furthermore, you understand that if this is a service being provided as part of your Illinois Department of Children & Family Services (DCFS) case, that your participation in this service has the potential to positively or negatively impact your reunification efforts. You have the opportunity to waive patient-therapist privilege, so that information gathered and provided during these sessions may be shared with attorneys, the guardian ad litem, and the Court.

You may additionally give Clinician consent to share specific information with other service providers or collateral contacts (such as teachers, psychiatrists, and case managers) by completing a Consent for Release of Information form. You have been told that a separate Consent for Release of Information form must be signed for every party to which you wish information to be released and that these consents will expire after one year.

Discharge:

Clinical services may end for several reasons, including but not limited to:

- The client has met all treatment goals or no longer benefits from regularly scheduled clinical services.
- The client and/or their family chooses to end services.
- The client repeatedly refuses to participate in the implementation of his/her treatment plan.
- The client/family engages in a pattern of frequent cancellations and/or missed sessions.
- Funding has been terminated.

Planned Discharge

In a planned discharge, the clinician and client/family will work together to identify the date of discharge and come up with a discharge plan that includes (a) an outline of the client's gains achieved during service and includes a summary of their strengths, needs, abilities and preferences; (b) Identifies the client's need for a support system or other services that will help them to maintain well-being; (c) Includes referral information for any recommended services; and (d) Provides options on services if symptoms re-occur.

Unplanned Discharge

An unplanned discharge may occur in instances where a client is uncooperative with services, where cancellations/missed appointments are frequent, or for other reasons agreed upon by the clinician and supervisor. Prior to discharge, the clinician and supervisor will review that all possible program interventions and options were considered. Typically, a client/family will receive a warning notice prior to final discharge. Clients who are discharged due to lack of cooperation/engagement or frequent cancellations/missed appointments will need to wait a minimum of six months before Little City will consider re-initiating services.

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Privacy:

You understand that a sense of privacy and safety is essential during therapy sessions, and that if services are being provided in-home, agree to provide a private space with a closed door, where therapy sessions may be held.

Professional Guidelines:

The Clinician is trained in the needs of families, including those involved with DCFS, and adheres to the professional guidelines for court-involved therapy/service as established by the Association of Family and Conciliation Courts. Depending on an individual clinician’s specific credentials, they may also adhere to the professional ethics and guidelines of either the National Association of Social Workers (NASW) or the American Counseling Association (ACA).

Professional Records:

You recognize that the laws and standards of the helping profession require that the Clinician keep personal health information (PHI) about you in your Clinical Record. You may examine and/or receive a copy of your Clinical Record if you request such in writing, except in circumstances that involve danger to yourself and/or others, or if the record refers to another person and we believe that access is likely to cause harm to such other person. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. Little City recommends that you review them in the presence of your Clinician or have them forwarded to another professional so you can discuss the contents.

Telehealth:

You understand that telehealth services are available, and that if you would like to utilize this service, you must review and sign the Informed Consent for Telehealth Services.

FEES

You have been informed that this service is being provided through the following funding source. Should funding source change, you are obligated to notify your Clinician, and recognize that eligibility for services may be re-determined.

- DCFS Contract Agency sub-contract DHS Waiver Funding
 Medicaid MCO Private Pay

CONSENT TO TREATMENT

By signing this Service Agreement and Informed Consent form, you acknowledge that you have read, understand, and agree to the terms and conditions contained in this form. You agree you have been given

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appropriate opportunity to address any questions or request clarification for anything that is unclear to you. You acknowledge agreeing to receive assessment and services for yourself and your family. You understand that you have the right to be advised of the risks and benefits of service, of service alternatives, and no service. You further understand that you have the right to refuse or withdraw consent for service at any time, and that your refusal or withdrawal can be done in writing. If this is a court-ordered service, you understand the possible consequences of the decision to refuse or withdraw consent. If no prior revocation is received, this consent will expire one year after the date it is signed.

THE ABOVE TERMS AND CONDITIONS ARE ACKNOWLEDGED AND AGREED TO.

Little City Staff

Date

Client (12 and over)

Date

Guardian (for clients under 18)

Date

Revised 11/2024