

MidAmerica Family Treatment Center, LLC

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**Informed Consent for Assessment and Treatment Policy**

Welcome to MidAmerica Family Treatment Center, LLC.  This document contains important information about our professional services and policies.  Please read it carefully and make note of any questions you might have so we can discuss them as they come up.

**CLIENTS RIGHTS:** Therapy has both benefits and risks.  Possible risks include experiencing uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or recalling unpleasant events in your life or your child’s life.  Potential benefits include significant reduction in unwanted symptoms and negative behaviors as well as accomplishing other desired outcomes.  Given the nature of therapy, it is difficult to predict the outcome, but it is important to keep the lines of communication open and requires your investment in the process for therapy to work most effectively.  You have the right to ask questions about any part of the therapy process.  We are open to alternatives that might work better for your specific family.  If you believe MidAmerica Family Treatment Center is not a good fit for you and or your family’s need we would be happy to help provide referral sources.

**THERAPIST CREDENTIALING:** I understand that all therapists of MidAmerica Family Treatment Center, LLC are bound by their specific credentialing body; National Association of Social Worker (NASW) or America Association of Marriage and Family Therapy (AAMFT).   I also understand that each therapist is also licensed in the state of Kansas or Missouri or both, which requires the therapist to maintain all licensing and state laws.

**MINOR CONSENT:**  I certify that I have legal custody or guardianship of the following child and have the legal right to authorize the care, treatment, and counsel of this child, and give consent for him/her/them to receive individual and/or family therapy from MidAmerica Family Treatment Center, LLC.

**CONFIDENTIALITY:** With the exception of certain specific situations described below, you have the absolute right to the confidentiality of your therapy as a family unit.  Under the provisions of the Health Care Information Act of 1992, we may not speak to another health care provider, a teacher, or another member of your family unless we obtain a signed consent form allowing us to do so.  We will always act so as to protect your privacy, even if you give consent only the most necessary information with be shared and you can revoke that permission at any time.

The following are legal exceptions to your right to confidentiality.  You would be informed at any time if any of the following situation arises.

1. If we have good reason to believe that you will harm another person, the therapist must attempt to inform that person and warn them of your intentions.  The therapist must also contact the police and ask them to protect your intended victim.  This is true if a child in your home makes such a statement to me.
2. If we have good reason to believe that you are abusing or neglecting a child or a vulnerable adult or if you give me information about someone else who is doing this, we must inform the Child Protective Services within 48 hours Adult Protective Services immediately.
3. If we believe you are in imminent danger of harming yourself, we may legally break confidentiality and call police or the county crisis team.  If a child in your home has made statements to the effect of wanting to harm him or herself, we would be legally obligated to contact the proper authorities to help that child be admitted to a psychiatric facility.
4. If you tell us of the behavior of another named health or mental health care provider who is involved in the (a) the sexual contact with a patient, including yourself or (b) is impaired from practice in some manner by cognitive, emotional, behavioral, or health/addiction problems the law requires me to report this to their licensing board or to the state Department of Health.

**RECORD KEEPING PROCEDURES:** Both the law and the professional standards require that we keep treatment records.  You are entitled to receive a copy of these records. It may be in your best interest that we prepare a summary of your family’s treatment or the treatment of a child in your home.  Clients will be charged the standard 60 minute fee for any preparation time that is required to comply with an informal request of record review.  All client records are kept in a locked file cabinet for safekeeping.

**PROCEDURE:** Individual and or Family Therapy begins, like all therapy, with an assessment.  An assessment will be completed, and we will work with your family on developing a treatment plan.  Each session will be approximately 45 minutes.  Therapy may be weekly or every other week with family homework assignments (skills) to practice between sessions.  It is your choice to practice those skills however is highly recommended.

**COMMUNICATION:** If you choose to communicate with us by email at any point in our work together, please be aware that email is not entirely confidential.  All emails are retained in the logs of the internet service providers.  While under normal circumstances, no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet provider.  Any email received from you and any responses we send to you will be printed and kept in your child’s record.

**CONSULTATION:** Under Kansas and Missouri Law, we are required to consult with your primary care physician or psychiatrist to determine if there may be a medical condition or medication that is contributing to any observed symptoms of mental health problems.  In order to complete such a consultation, we will request that you complete a release of information form.

**HIPAA NOTICE:** Each client/family has received current information regarding HIPAA practices followed by MidAmerica Family Treatment Center, LLC.

**If you wish to send any documents to MidAmerica Family Treatment Center, LLC that needs to be encrypted, please use** **lbarnett@maftc.hush.com** **.**