

## Consent Form Summary

### Privacy Practices

- You are not legally required to provide information, but information withheld may mean we will be unable to provide the services you request.
- If you are court ordered to receive services, refusal may be communicated to the court.
- If you do not provide financial/insurance information, you may be responsible for all costs.
- Protected health info may be disclosed for Treatment, Payment, and health care operations.
- Your information is private. We may be permitted or required to release information in certain circumstances like court orders, abuse reports, and some state reporting. Other reasons would be if you are in danger, in a medical emergency, or you want your information sent to another agency.
- You have the right to secure communications.
- You have the right to obtain your protected health info.
- Northern Pines MHC contact person for matters relating to complaints is:
  - Privacy Official - Northern Pines MHC  
823 Maple Street  
Brainerd MN 56401
  - Or (218)454-3824

### Treatment Consent

- You understand that there are risks with treatment, including emotional pain, stress, and life changes. It is not always completely effective.
- You consent to release protected health info as needed to provide care.
- You consent to releasing protected health information to my insurer, or to process payments.
- You understand we are required to report certain items including abuse of children or maltreatment of vulnerable adults.
- Repeatedly missing appointments can result in limited options for future appointments.
- I can sign up for text reminders. If you do want to sign up please provide us with your number and consent.

### Telehealth Consent

- You have the right to withhold or remove consent at any time.
- The laws that protect the confidentiality of your personal information also apply to telehealth
  - generally confidential, except for abuse reporting, and reporting harm to self or others.
- Risks include, technical failures or accidental transmission to unauthorized persons
- You may be transferred to another therapist if they can better serve you.
- Despite our efforts, your condition may not improve and has the potential to get worse.
- Results cannot be guaranteed. We make efforts to secure systems, but it is never 100% secure. You understand that technical challenges, including connection issues can occur.
- Emergency situations and some crisis situations cannot be addressed properly over telehealth. Call 911 if an emergency should arise. Emergency situations may include thoughts about hurting or harming yourself or others, having uncontrolled psychotic symptoms, if you are in a

life threatening or emergency situation, and/or if you are abusing drugs or alcohol and are not safe.

#### Group Telehealth

- All of the above, plus:
- You understand that others will be participating
- You agree to keep everything other group members say confidential, and will not share information with anyone else.
- You agree to keep your group sessions secure, so that no one else can overhear them.
- The group session is held using telehealth due to COVID-19. Services will be provided to you, where you are at, and the provider will be working from home as well.