



## **APPLICATION FOR SERVICES**

### **Informed Consent – Privacy**

The adopted Thrive Code of Ethics, as well as, State Laws require personal information discussed with any Thrive (THRIVE) employee or contractor, or provided via Claim Questionnaires, be kept confidential. This means information about you may be shared among the THRIVE personnel only for professional purposes; it is not revealed to other persons, providers, agencies, or entities without your clear and specific permission. Protecting your privacy and confidence is of highest importance to us at THRIVE.

THRIVE understands Informed Consent is an ongoing part of the therapeutic relationship and counseling process; therefore, THRIVE personnel may revisit and document discussions related to informed consent during the therapeutic relationship and counseling process, as well.

THRIVE will protect documentation specific to your services and will not release these to family members or other without your express written consent. Thrive will ensure appropriate Release of Information (ROI) exchange forms are completed with you to document your expressed consent.

There are specific privacy exceptions and in specific situations, THRIVE will not be able to maintain the privacy of your records, as follows:

#### **PRIVACY EXCEPTIONS - THRIVE personnel are legally required to report the following situations:**

1. Medical emergencies that require information only for handling the emergency.
2. Potential harm, danger, or threat of death to one's self or another person which require the police and/or intended victims to be notified.
3. Disclosure of abuse or neglect of a child, an aged person, or other vulnerable persons.
4. Records subpoenaed by the court.

#### **SERVICES TO BE RECEIVED – EXPECTED BENEFITS AND ATTENDANT RISKS**

It is the responsibility of THRIVE to inform each participant (or, legal guardian) of the services to be received; as well as, the expected benefits and risks of those services.

Thrive must provide participant's with a written explanation of risks and benefits associated with psychotherapy services and treatment provided by the agency. The provision of this documentation must be maintained in the participant record.

THRIVE understands our personnel have a responsibility to our participants to explain the nature of all services provided via THRIVE. THRIVE will make every effort to inform participants about the purposes, goals, techniques, procedures, limitations potential risks, and benefits of services; as well as, the therapist's qualifications, credentials, and relevant experience; continuation of services upon the incapacitation or death of a therapist; and, other pertinent types of information. Therapists will also take appropriate steps to provide client's detailed information related to diagnosis; condition, uses of tests or reports, fees, and billing arrangements.

You have a right to confidentiality – and, THRIVE personnel make efforts to protect your privacy; however, you must also understand our therapists work in a interdisciplinary team; and, information about you and your services may be shared with supervisors or contracted consultants, including, but not limited to, psychiatrist and physician. The purpose of this information sharing involves training, consultation, recommendations and professional and agency oversight requirements.

You also have the right to be involved in the development and implementation of your individualized treatment plan, as well as, to choose others to be involved in the development of the individualized treatment plan.

Thrive defines the risks and benefits associated with our core service, psychotherapy, as such:

**Risks:**

Often psychotherapy requires recalling and talking about unpleasant aspects of your history or your present situation, which can bring to the surface extremely uncomfortable feelings such as sadness, anger, or shame. Although it may be necessary to talk, process, or relive these painful or embarrassing subjects, the role of the therapist is to be nonjudgmental and understanding and assist the participant during this process.

An additional risk referred to in Mental Health Clinics is referred to as "life-change"; our mental and emotional health affects how we act, react, and how other people (especially people who are close to you) act and react to us. Therefore, as we grow or change perspectives, we can upset the delicate balances in relationships. Our friends and family are used to us behaving in certain ways. Changing those patterns, motives, behaviors, etc. promotes risk of changing various relationships.

**Benefits:**

A number of benefits are available from participating in psychotherapy. Often it is helpful just to know that someone else understands the issues you are dealing with. Therapy can provide a fresh perspective on a difficult problem or situation; or, may be helpful in pointing you in the direction of a solution. The benefits you obtain from therapy depend on how well you use the process and put into practice what you learn. The benefits available through therapy may include:

- Attaining a better understanding of yourself and your personal goals and values, developing skills for improving your relationships
- Overcoming specific problems such as depression or binge eating
- Finding resolution to the issues or concerns that led you to seek therapy

There are no guarantees about what outcomes therapeutic services will have for each individual, couple, group, or family. Some people find that participating in psychotherapy results in changes that were not expected or intended at the outset.

## **CHOICE OF SERVICE PROVIDERS**

You must be allowed the right to choose to, or refuse, to receive Outpatient Mental Health Services from THRIVE in order to assist you in accomplishing objectives to be identified within your Individualized Treatment Plan. Please indicate whether you choose to receive Outpatient Mental Health Services.

Further, THRIVE is required to provide participants with a list of alternative Outpatient Mental Health Service providers. Attached to this packet is a listing of alternative service providers – THRIVE cannot guarantee if the listing provided is current and accurate.

## **CHOICE OF SERVICE PROVIDERS - DEVELOPMENTAL AND CULTURAL SENSITIVITY**

THRIVE strives to provide quality services to a variety of populations. We understand our personnel may be required to communicate information in a variety of formats that are developmentally and culturally appropriate. Our personnel will strive to provide information in clear, concise text or language when discussing issues related to informed consent. If you require a translator or interpreter, THRIVE will make every effort to provide this service.

In instances when participants are not literate; lack cognitive abilities to understand or comprehend written communications; or, have difficulty understanding the primary language used in the practice setting, personnel should take steps to ensure participants' comprehension, when applicable. This may include providing participants with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

THRIVE personnel also understand we should be providing services within the context of our individual qualifications; and, therefore, will make formal referrals to alternate professionals, or providers, when appropriate. You have the right to choose the therapist of your choice within THRIVE, as well.

## **REFUSAL OF SERVICES**

Thrive must ensure participants receiving services from the agency have obtained informed consent from the participant or their legal guardian related to refusal of services.

It is your right to refuse services provided by THRIVE at any point in time. Participants have the right to refuse treatment at any time. A participant's right to refuse treatment or services from the agency is fundamental and reflects our respect for the autonomy of the individual. Informed consent related to the right to refuse treatment is ethically imperative and promotes self-determination. THRIVE personnel will respect the right to refuse treatment.

Please note, if you refuse recommended services or treatment, agency personnel are required to document the refusal of services or treatment in your record.

You have been provided with written and verbal explanation of their right to refuse treatment or services during the intake process.

## **PARTICIPANT RIGHTS**

Thrive ensures all additional rights of the participants we serve are upheld, including, human and civil rights.

Thrive will ensure each participant receiving services will be informed of their participant rights, as follows; and, as identified by specific rights listed below:

- Upon initiation of service(s), each participant and guardian, where applicable, must be provided a packet of information outlining participant rights; access to grievance procedures; and, names, addresses, and telephone numbers of protection and advocacy services. The packet will be distributed in easily understood written terms. Thrive representatives will read and explain the participant rights and responsibilities, as needed. Follow-up questions and clarification may be provided to explain the information. An interpreter may be utilized if necessary to ensure the highest level of understanding for participants, families, and relevant others.
- Each participant and guardian, where applicable, must be provided a verbal explanation of their rights in a manner that will best promote individual understanding of these rights.
- Thrive will ensure all personnel are made aware of, and understand, the policies of non-discrimination, respect for human rights; as well as, participant rights; and, participant choice during the initial orientation training; and, ongoing, as needed.

### **Participant Rights and Informed Consent**

The following Participant Rights will be provided to participant's during intake process. The rights will be made available in a manner in which the participant(s) will understand and comprehend. The Participant Rights will be posted in the facility, as follows:

#### **THE RIGHT TO RECEIVE HUMANE CARE AND TREATMENT**

You have the right to receive humane care and treatment while receiving services from THRIVE.

#### **THE RIGHT NOT TO BE PUT IN ISOLATION**

You have the right not to be put in isolation.

#### **THE RIGHT TO BE FREE FROM MECHANICAL RESTRAINTS, UNLESS NECESSARY FOR THE SAFETY OF THAT PERSON OR FOR THE SAFETY OF OTHERS**

You have the right to not be physically restrained you (hold you down or keep you from moving). If you are in danger of harming yourself or others law enforcement assistance will be sought.

#### **THE RIGHT TO BE FREE FROM MENTAL, PHYSICAL, SEXUAL ABUSE, OR RETALIATORY BEHAVIOR**

You have the right to not be abused. Retaliation for filing a grievance or making a complaint are prohibited.

#### **THE RIGHT TO PRACTICE YOUR OWN RELIGION OR ABSTAIN FROM RELIGIOUS PRACTICE**

THRIVE will not interfere with your right to practice your religion and spiritual beliefs.

#### **THE RIGHT TO WEAR YOUR OWN CLOTHING AND TO RETAIN AND USE PERSONAL POSSESSIONS**

THRIVE will not interfere with your choices to wear your own clothing and use your own personal possessions.

#### **THE RIGHT TO BE INFORMED OF YOUR MEDICAL AND HABILITATIVE CONDITION AND SERVICES AVAILABLE VIA THRIVE**

You have the right to be involved in your Individualized Treatment Plan Development and control your health-related services.

#### **THE RIGHT TO REASONABLE ACCESS TO ALL RECORDS CONCERNING YOURSELF**

You may request access to your records at any time. The request will be granted in a manner as timely as possible and in a way that is consistent with our HIPAA Notice of Privacy Practices.

#### **THE RIGHT TO REFUSE SERVICES**

THRIVE offers voluntary services. You will be involved in your treatment plan development. If you have a guardian, they will be involved as well. You have the right to receive services you wish to participate in; and, should not be receiving any services you do not wish to receive. You have the right to refuse any services. This refusal will be documented in your record.

**THE RIGHT TO EXERCISE ALL CIVIL RIGHTS, UNLESS LIMITED BY PRIOR COURT ORDER**

THRIVE will not interfere with your right to exercise all other rights guaranteed to you under the Constitution of the United States, unless limited by a prior court order.

**THE RIGHT TO PRIVACY AND CONFIDENTIALITY**

The services that you receive at THRIVE are confidential as defined in our HIPPA Notice of Privacy Practices. The staff of THRIVE are trained to protect your privacy and confidentiality.

**THE RIGHT TO BE TREATED IN A COURTEOUS MANNER**

THRIVE personnel will treat you with respect and dignity. You have the right to be treated in a courteous manner at all times.

**THE RIGHT TO RECEIVE A RESPONSE FROM THE AGENCY TO ANY REQUEST MADE WITHIN A REASONABLE TIME FRAME**

THRIVE will make all reasonable attempts to respond to your requests in a timely manner.

**THE RIGHT TO ALL OTHER RIGHTS ESTABLISHED BY LAW**

THRIVE will not interfere with your right to exercise all other rights established by law.

**THE RIGHT TO BE PROTECTED FROM HARM**

THRIVE takes steps to ensure individuals hired do not have a conviction or prior employment history of child or participant abuse, neglect, mistreatment, or exploitation. All confirmed or suspected incidents of mistreatment, neglect, exploitation or abuse of consumers will be reported to the Department of Health and Welfare and/or the appropriate authorities.

**THE RIGHT TO VOICE GRIEVANCES AND TO RECOMMEND CHANGES IN POLICIES AND/OR SERVICES BEING OFFERED**

If you feel that any or your rights outlined above, or otherwise, have been violated or you have complaints or suggestions regarding your program, please follow the grievance procedure outlined in the intake packet. If you need assistance following this procedure, you can request the assistance from THRIVE personnel.

**THE RIGHT TO RECEIVE SERVICES WHICH ENHANCE THE PARTICIPANT'S SOCIAL IMAGE AND PERSONAL COMPETENCIES AND WHENEVER POSSIBLE PROMOTE INCLUSION IN THE COMMUNITY**

The services provided by THRIVE are intended to assist participants to enhance their social image and personal competencies – and, promote successful outcomes in the lives of our participants.

**THE RIGHT TO REFUSE TO PERFORM SERVICES FOR THE AGENCY.**

If the participant is hired to perform services for the agency the wage paid shall be consistent with state and federal law, and

**THE RIGHT TO REVIEW THE RESULTS OF THE MOST RECENT SURVEY CONDUCTED BY THE DEPARTMENT OF HEALTH AND WELFARE-MEDICAID; AND, THE ACCOMPANYING PLAN OF CORRECTION.**

THRIVE will post the results of the most recent survey conducted by the DHW-Medicaid; and, THRIVE's plan of correction with the intent of operating with complete transparency as applicable to the quality of services provided by THRIVE.

**As clients have rights related to treatment and services; clients also have specific responsibilities in treatment**

Please be mindful of your relationship with your counselor. This relationship should remain professional; and, no boundary violations should occur. If you have questions specific to boundaries, please discuss these with your therapist.

No weapons are allowed in the counseling office or premises.

Please attend all scheduled appointments. Please cancel appointments in accordance with our cancellation policies.

Please make payment or co-pay at the time of appointment (if applicable).

Please keep us up to date on your insurance coverage and any changes; changes to your profile (i.e. name changes; marital status; physical address changes; medical provider changes; etc.).

Please be active and engaged in therapy sessions. Please remember that the work we do is for your benefit and, with that, there will be challenges, difficulties and barriers to overcome and this will require patience and effort.

## **Participant Choice and Informed Consent**

THRIVE qualified personnel shall support a participant in self-determination to the maximum extent possible and shall assist the participant in making decision through informed consent. Personnel must support a participant's informed choice regarding life, liberty, and the pursuit of health and happiness, unless the participant's actions or decisions put other persons at risk of significant harm. When a participant is capable of making informed choices, he-she has the right to be involved in decisions about the type, frequency, amount of services he-she will receive. The participant has the right receive services under conditions of acceptable risk in which the participant assumes the risk associated with decisions which he-she makes under conditions of informed consent.

THRIVE Personnel should consult their direct supervisor if a person is making choices or decisions which place the participant or others at risk of significant harm. Documentation of these communications shall be documented in the participant record.

If the qualified personnel question the participant's ability to understand the consequences of decisions or choices; and, to give informed consent, qualified personnel should assess the mental status or arrange for prompt assessment of the participant's mental status to determine if the individual's ability to provide informed consent is substantially impaired and if the health and welfare of the participant or others is at risk.

Participants will be provided with written and verbal explanation of their right to make choices or decisions related to their services or treatment during the intake process. Participants will be notified they have the right and option to refuse services or treatment; or, make decisions related to choosing alternative services, treatment options, or providers without explanation.

## **Inability to Provide Consent**

When providing services to minors or persons unable to provide voluntary, informed consent, THRIVE personnel will require consent from legal guardians; or, other persons with legal responsibility for the participant. THRIVE personnel recognize the rights of those unable to provide consent in the treatment process; or, relationship, and will strive to include their input and decisions in treatment planning and interventions – but, also recognize the balance between their capacity to provide informed consent and parental, familial, or legal guardianship rights and responsibilities to protect these participants.

If you do not have the legal authority to provide consent – please understand, informed consent must be gained by your legal guardian or representative prior to service provision. THRIVE professionals will make every effort to explain the extent and limitations of your ability to consent on an individual basis during the intake process.

By signing below, you are indicating the above information related to participant choice and informed consent, as well as, inability to provide consent, was reviewed with you by THRIVE personnel; that you have received the information in written terms, as well as, verbally; and, that you adequately understand and comprehend the information provided; and, agree to consent.

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# THRIVE

## HIPAA Notice of Privacy Practices

### Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. However, this form is a "friendly" version.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for the purposes that permitted or required by law. This notice also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, as well as, related health care services.

#### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Your protected health information may be used and disclosed by your physician, therapist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of THRIVE's practice, and any other use required by law.

The agency utilizes various contractors and other entities to conduct business. These contractors or entities may have access to PHI, but must agree to abide by the confidentiality rules of HIPAA.

The participant's confidential information will not be used for the purposes of marketing or advertising services.

#### TREATMENT:

THRIVE will utilize and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes coordination and management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to your physician's office that provides health care services to you. Or, another example might be disclosing protected health information to a physician to who you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

#### PAYMENT:

Your protected health information will be utilized, as needed, to obtain payment for your health care services. For example, obtaining approval for specific services to be rendered by THRIVE may require that your relevant protected health information be disclosed to the insurance carrier or health plan to obtain approval for provision of the service.

#### HEALTHCARE OPERATIONS:

THRIVE may utilize or disclose, as-needed, your protected health information in order to support the business activities of THRIVE. These activities include, but are not limited to, quality assessment and assurance activities, employee and contractor review activities, training of therapists and office employees or contractors, credentialing or accreditation activities, and conducting or arranging other business related activities. In addition, THRIVE may utilize a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your therapist. We may also call you by name in the waiting area when your therapist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. THRIVE may also contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. It is the policy of the agency to remind patients of their scheduled appointments. We primarily do this via telephone, but may utilize telephone, electronic mail, US mail, or by any means convenient for the agency and/or requested by the participant. We may participants other communications informing the participant of changes to agency policies or procedures that the participant might find valuable.

Participant information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, health insurance payers as is necessary and appropriate for your care. Patient files will be filed in locked files. The normal course of providing participant care means that such records may be left, at least temporarily, in administrative areas such as the front office, or therapy rooms, etc. Those records will not be available to persons other than qualified personnel having a need to access records. The participant must agree to the normal procedures utilized within the office for handling participant records, charts, PHI and other documentation or information.



**WE ARE PERMITTED AND MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING SITUATIONS WITHOUT YOUR AUTHORIZATION. THESE SITUATIONS INCLUDE: AS REQUIRED BY LAW; PUBLIC HEALTH ISSUES AS REQUIRED BY LAW; PREVENTING-CONTROLLING COMMUNICABLE DISEASES; HEALTH OVERSIGHT; ABUSE OR NEGLECT; FOOD AND DRUG ADMINISTRATION REQUIREMENTS; LEGAL PROCEEDINGS; LAW ENFORCEMENT; CORONERS; FUNERAL DIRECTORS; AND ORGAN DONATION; RESEARCH; CRIMINAL ACTIVITY; MILITARY ACTIVITY AND NATIONAL SECURITY; WORKER'S COMPENSATION; INMATES; DEPARTMENT OF HEALTH AND WELFARE AND MEDICAID; REQUIRED USE AND DISCLOSURES; AND UNDER THE LAW, WE MUST MAKE DISCLOSURES TO YOU AND WHEN REQUIRED BY THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO INVESTIGATE OR DETERMINE OUR COMPLIANCE WITH THE PRIVACY RULE.**

- The participant must understand and agree to inspections of the agency and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
- We are permitted to disclose your PHI to family members and friends who are involved in your treatment and payment of your care as long as we give you the opportunity to object.
- In emergencies and for disaster relief we may use professional judgment to disclose your PHI. Other disclosures will be made only with your authorization unless required by law.
- You may revoke an Authorization, at any time, in writing, except to the extent that your therapist or THRIVE has already relied on the Authorization in the use or disclosure of your PHI. Each participant has the right to request restrictions in the use of your protected health information and to request change in certain policies used within the agency concerning the participant's PHI. However, we are not obligated to alter internal policies to conform to participant request.
- Thrive agrees to provide participants with access to their records in accordance with state and federal laws.
- The participant must agree to bring any concerns or complaints regarding privacy to the attention of the Office Manager or the Administrator.
- Thrive may change, add, delete or modify any of these provisions to better serve the needs of both the agency and our clientele.

## **YOUR RIGHTS AS RELATED TO HIPAA**

### **YOUR RIGHTS:**

The following is a statement of your rights with respect to your protected health information.

#### **YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PHI IN A DESIGNATED RECORD SET.**

For certain reasons we may deny access to certain records under specific circumstances. Under certain circumstances you may ask that the decision to deny be reviewed by another health care provider.

#### **YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PHI.**

This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Forms are available upon request.

Neither THRIVE or your therapist is required to agree to a restriction that you may request. THRIVE will be bound by the restrictions you outline only if we agree to those restrictions. If your therapist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to choose and utilize another mental health provider or professional.

#### **YOU HAVE THE RIGHT TO REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION. YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE FROM THRIVE, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.**

#### **YOU HAVE THE RIGHT TO REQUEST THRIVE AMEND YOUR PHI.**

If we deny your request for amendment, you have the right to file a statement or written disagreement with THRIVE. THRIVE may prepare a rebuttal to your statement and will provide you a copy of any such rebuttal.

#### **YOU HAVE THE RIGHT TO REQUEST AN ACCOUNTING OF CERTAIN DISCLOSURE THRIVE HAS MADE, IF ANY, OF YOUR PHI upon request (after April 14, 2003), the first accounting within a 12 month period will be provided at no charge. Reasonable charges may apply for more frequent requests.**

#### **CHANGES TO THIS NOTICE.**



THRIVE reserve the right to make revisions to our Notice of Privacy Practices which will apply to all PHI created or received prior to issuing this revision. We will provide you with the revised Notice at your first visit following the revision of the Notice. You can always request a copy of the current Notice by writing us or callus at a the physical address or telephone number listed below.

**COMPLAINTS.**

If you believe your privacy rights have been violated, you have the right to file a complaint with our office at:

If you have any additional concerns, please contact our Office Manager at:

**HIPAA Violation and Participant Complaint Process:**

Thrive will strive to adhere to HIPAA Privacy Rule. If a participant believes HIPAA violations have occurred, the participant must have the right and ability to report the violation.

Thrive will provide participant's with a written privacy notice during the intake process; as well as, information on how to file a complaint if the participant believes their privacy or rights have been violated under HIPAA Privacy Rule. The information will include the following:

- ***A copy of the US Department of Health and Human Services FACT Sheet, which outlines the process for filing of formal complaint.***

THRIVE will not deny treatment or services because a participant files a complaint. Information related to the complaint process is posted in the facility.

These HIPAA-related policies must be provided to each participant in written terms, as well as, verbally provided during the intake process; and, documentation of their receipt, as well as, understanding of these policies must be maintained in the participant's record.

