



FOOTHILL COLLEGE

12345 El Monte Road • Los Altos Hills, CA • 94022-4599

Psychological Services and Personal Counseling

Phone: (650) 949-7910

FAX: (650) 949-7035

www.fhda.edu

Consent To Treatment

Client's Name: (Please Print) _____

Please read the following paragraphs and sign at the bottom of the page.

Services and staff: I understand that Psychological Services offers a wide range of counseling services, and that social workers, psychologists, masters/post-masters level interns, and field placement students may provide these services. In all cases, a licensed mental health professional supervises interns. In addition to providing direct counseling services, this agency provides training, consultation, and engages in research.

Confidentiality: I understand that information provided during personal counseling sessions will be kept strictly confidential, and information will be released to other parties only with my expressed written consent except in the following situations: (a) if I threaten to harm myself, someone else, or another's property; (b) if a court of law issues a legitimate court order; (c) if I disclose abuse or neglect of children, the elderly, or disabled persons; (d) if I am deemed to be gravely disabled and need hospitalization. In these situations, the counselor may provide information to other persons or agencies without my permission, including Foothill College's Office of Student Affairs. In addition, it is part of the continuing goal of Psychological Services to provide the best possible service to students. Therefore, I am aware that my counselor may share information about me with other professionals within Psychological Services for the purpose of diagnosis, treatment planning, or counselor supervision. I am also aware that Psychological Services follows the mental health laws of California and that a file which includes a summary of counseling contacts and other pertinent information is kept.

Observation to Counseling Session: Please be advised that as part of the Foothill College's tenure process, the psychological counselor may have other tenured faculty counselors observe their sessions for evaluation purposes. Any disclosure in session is held in complete confidence, as to not disrupt the counseling session, nor to violate your rights to privacy.

Benefits and risks: I understand that there is a possibility of benefits and risks, which may occur in counseling. Counseling can impact relationships with significant others, and may lead to greater growth. The benefits from counseling may be an improved ability to relate to others; a clearer understanding of self, values, goals; increased academic productivity; and an ability to deal with everyday stress. While counseling can be of benefit to most people, the counseling process is not always helpful. Counseling may involve the risk of experiencing unpleasant emotions. I understand it is important for me to discuss with my counselor any questions or discomfort I have regarding the counseling process.

Research: In order to better provide services, I am aware that Psychological Services uses client demographic data in their annual report for the purpose of conducting needs assessments and program evaluations. I am aware that no individual identifiable information will be used.

I understand that I will call (650) 949-7910 to cancel appointments at least 24 hours in advance of my scheduled appointment time.**

****FAILURE to attend 2 scheduled appointments without 24 HRS notice of cancellation will likely result in the loss of regular appointments and will be passed to "DROP-IN" status.**

Please sign below to indicate you have read the previous information and agree to its terms. If you have any reservations or questions, please discuss them with your counselor.

Client's Signature: _____

Date: _____

Staff Signature: _____

Date: _____

LAST REVISED: LAUREEN BALDUCCI 09.25.17

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The provider is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment and health care operations (See examples below). Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, diagnosis, treatment, and treatment planning. Information is only released in accordance with state and federal laws, the ethics governing the counseling profession, and what was disclosed in the consent to treatment form.

Treatment

- An employee of the provider's office obtains treatment information about you and records it in a health record.
- At times, your particular situation or course of therapy may be discussed with professional colleagues for the purpose of clinical consultation and/or training. This is done in a respectful manner to ensure you are receiving quality care and to assist in the learning and growing of your counselor.

Health Care Operations

- During our routine health care operations, we may need to hire computer technicians and software vendors. We may disclose your health information to these vendors to maintain daily functioning in our health care operations.
- Marketing: Under no circumstances will we sell your personal information for marketing purposes. We may from time-to-time contact you via regular mail, email, telephone, and/or voice-mail to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits or services that may be of interest to you. Your written comments or feedback may be used for marketing purposes, but your identity will be kept strictly confidential.

Other Uses and Disclosures Without your Consent

- Abuse and Neglect: We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.
- Law enforcement: We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order.
- Judicial/Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.
- To avert a serious threat or health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.
- For Specialized Governmental Functions: We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Client Rights

- Request a restriction on certain uses and disclosures of your protected health information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request that has been granted.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request at our office.
- Request that you be allowed to inspect and receive a copy of your health record. You may exercise this right by delivering the request in writing to our office. You may also appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. We are not required to grant the request, but if denied you have the right to file a disagreement statement.
- Obtain an accounting of disclosures of your health information by delivering a written request to our office. The accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request.
- Request that we release your medical records to others by delivering a written request to our office. Ability to revoke this release in writing.
- To receive any changes in this Notice by calling or requesting a copy of our Notice or by visiting the office to obtain a copy.
- To Request Information or File a Complaint. If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the following person: Melanie Hale, LCSW, at 650-949-7910. You may also file a complaint by mailing or e-mailing it to the Secretary of Health and Human Services. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment