



**OUTPATIENT PSYCHOLOGY and BEHAVIORAL HEALTH PROGRAM:  
INFORMED CONSENT TO RECEIVE BEHAVIORAL HEALTH SERVICES**

We are very pleased that you have selected our Outpatient Psychology Clinic to assist you with your child's assessment, treatment and ongoing therapeutic needs. This document is designed to inform you about what you can expect during your course of care at The HSC Pediatric Center.

**Services:** The services offered by the Outpatient Psychology Clinic can include the following: an initial evaluation, individual therapy, group therapy, family therapy, behavior management therapy, psychological, psychoeducational, psychiatric consultation/management and neuropsychological testing. Testing and evaluations may require more than one session. Patients receiving testing and/or evaluations will get an evaluation report during the feedback session with the examiner. Evaluations will not necessarily lead to ongoing treatment. Ongoing behavioral health treatment will be scheduled on a regular basis with consistent appointment days and times each week. Caregivers will have a regular opportunity to discuss their child's or adolescent's treatment plan with the provider. Sessions may occur at varying frequencies based on clinical need.

**Confidentiality:** Staff of the Outpatient Clinic at HCS-PC are dedicated to preserving the privacy and confidentiality of our clients. Some state laws, however, specify certain circumstances when mental health professionals are required to break confidentiality. We are required by law to inform you of these limits on confidentiality. The following are some of the special disclosure situations which could arise:

1. If a client presents a clear threat of danger to him/herself or to another identifiable person, the therapist may be required to break confidentiality to the extent needed to protect the client, the client's family or the potential victim.
2. If you tell a therapist that you have caused physical or emotional abuse to child under the age of 18, a handicapped person over the age of 18, or a person over the age of 60, the therapist may be required to notify state authorities.
3. Some insurance companies or health maintenance organizations may ask us for diagnostic or treatment information for the purposes of providing benefits.
4. In the event of a lawsuit or criminal court actions, a judge may order a therapist to testify about their work with a client.

Outside of the situation mentioned above, confidential information will only be released by the Health Information Management Department with written permission from the legal decision maker. A separate release of information will be obtained for each information request. If the clinician believes that release of information would be harmful to the patient or family, she or he has the right to refuse. If the patient or legal decision maker requests that a subpoena be issued, material can be released.

Please discuss any questions you have about the terms and limits of your confidentiality with your therapist.

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Patient Name

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HSC #

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Birthdate

**Risks and Benefits:** the benefits of behavioral health care, unlike some other areas of health care are at times not immediately evident. The process, which includes participation by family and child, or adolescent may be relatively long term and hard work. While many patients do benefit from treatment, benefits are not guaranteed. It does offer the opportunity for families and patients to gain insight into troubling behaviors, developmental issues and emotional disturbance and support in dealing with them.

Therapy can be uncomfortable because strong emotions are sometimes tapped and released in session. Patients may experience a temporary worsening of symptoms before improvement is noticed. Patients and families may find that they are not ready at this time for the commitment of regular attendance and exploring possibly painful issues. The risks of not consenting to treatment vary based on the patient's referral issue, however, there are times where patients will not show improvement without treatment.

**Emergency services:** at HSC Pediatric Center, we typically treat clients who are reasonably stable and able to keep themselves safe, if we feel that the services that we provide do not match up with the level of care needed, we will help coordinate discharge to a more appropriate facility. Additionally, if at any time you feel that the Outpatient Clinic at HSC cannot provide you with the level of support that you need, please inform us so that we can discuss additional resources or transfer your case to a more appropriate facility. HSC Pediatric Center's Outpatient Psychology Clinic does not operate 24/7. If a client is experiencing an acute episode, or is need of immediate care, caregivers should call 911 or take the child to the nearest emergency room.

**Grievance Procedure:** Patients and family can contact the following agencies should they wish to file a grievance regarding the care received in the Behavioral Health Department at HSC-Pediatric Center:

DC Consumer and Family Affairs Administration: (202) 637-4377

DC Behavioral Health Office of the Ombudsman: (844) 698-2924 or [dbh.help@dc.gov](mailto:dbh.help@dc.gov)

Children's National Risk Department: (202) 471-4860

**Ending Therapy:** ideally, termination of services will occur at a time that is mutually agreed upon by the patient, family and care provider. However, if the patient appears to have met his or her goals, as much as is possible at the time, or if the patient has missed three scheduled appointments without explanation, the termination process will be initiated.

**Attestation:** by signing below, the caregivers are indicating that they have read and understood this agreement, that they give their consent to the psychologist's treatment of the child, and that they have the proper legal status to give consent to therapy for the child.

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Caregiver 1 Signature

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Date

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Caregiver 2 Signature

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Date

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Patient Signature (if over 14)

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Date

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Therapist Signature

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Date