

Auburn Davis Center For Dialectical Behavior Therapy

INFORMED CONSENT STATEMENT & OFFICE POLICY

The following answers some important and frequently asked questions concerning our program. If you have further questions after reading this, or other concerns not covered here, feel free to ask your therapist about them at your first meeting. Please keep this copy of the office policy statement for your records. A signed and dated Acknowledgment Notice will be kept in your file. It is very important that you read the entire statement carefully before signing.

General Standards

After completing a mental health assessment, we will develop and discuss a treatment plan with you according to your goals and needs. Occasionally individuals may go through periods in therapy that may result in increased emotional discomfort or a temporary worsening of their symptoms. These periods should subside as the work progresses. Remember that you always retain the right to request changes in treatment or to refuse treatment. You also have the right to be informed of your mental health diagnosis after the completion of the mental health assessment and the right to withdraw consent and file a grievance or request a hearing at any time. We encourage you to discuss any personal doubts, concerns, or discomforts regarding your treatment or the program with your individual therapist or skills group leader as they occur.

Complaints and Grievances

Any client who has a grievance arising from their treatment at the Auburn Davis Center for DBT (ADCDBT) may present their grievance, in writing, to their therapist within two weeks of its occurrence. This individual will investigate the nature of the grievance and seek to reach an acceptable and reasonable resolution in a timely manner. If a client who has submitted a written grievance is dissatisfied with the resolution suggested by their therapist they may submit the grievance, along with the suggested resolution, to the program director. The program director's resolution shall be final.

Clients are encouraged to take their grievance outside the program (e.g., to a licensing board, as state professional organization, a client rights advocacy group, the state insurance commissioner) if they are not satisfied with the resolution. All grievances will be kept confidential unless the law requires that they be disclosed, and if disclosure is so required, the program director will disclose them to as few persons as possible. All clients and their parents or guardians where appropriate, will be given a copy of this grievance policy at the time of their first appointment. The receipt, investigation and action taken regarding the grievance shall be documented in the client's chart.

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Confidentiality

We abide by the laws and ethical principles that govern privilege and confidentiality. We will not disclose to anyone anything you tell us, not even the fact that you are a client in the program, without your written permission via a signed release of information form. There are a few exceptions to these standards:

1. It is legally required of us that we act to prevent physical harm to yourself or others when there is “clear and imminent” danger of that happening.
2. We are legally required to report cases of ongoing child, elder and disabled abuse.
3. We may have to release clinical information regarding you to insurance carriers as required for payment or review of your claim.
4. We may have to release your records when ordered to do so by court subpoena. However, we will discuss the details of privilege with you beforehand and request a written release from you if we judge this to be in your best interest.
5. We may use a fax machine to send treatment plans, reports or evaluations to your insurance company, specific agencies or other providers.
6. Email correspondence is not confidential.
7. DBT Program staff consult together weekly about your treatment progress.

Occasionally, we need to consult outside our program, however, if your case were ever discussed, we would obtain your permission first and be careful to conceal your name or other identifying information.

Appointments

Individual sessions are arranged by appointment only. We will meet you at the exact time agreed upon. If we are late we will make up the missed time or prorate your bill. If you are late we will charge the full fee and you will lose that portion of time from your session. Cancellation of sessions should be avoided. If you need to cancel an individual therapy appointment, you will not be charged for the appointment if you notify your therapist 48 hours in advance of the scheduled appointment. If you no-show/no-call or late-cancel an individual therapy appointment you will be charged the full fee. All group fees are charged regardless of attendance. Fees charged for missed sessions are not reimbursable by insurance companies. Cancellations can be phoned into the office (530-888-9858) any time, day or night.

If you miss three consecutive sessions (no show or cancellation of scheduled individual or group sessions, regardless of the reason or notice given), you will be out of the program. You may reapply for services after what would have been your graduation of the program (approximately a six month period).

13620 Lincoln Way Suite 370 Auburn, CA 95603
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530-888-9858

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Telephone Calls and Emergencies

Our voice mail service enables you to call our office at any time, day or night, and leave a message for a return call. We check our phone messages at least twice a day, including weekends, and return calls as soon as possible. When your individual therapist is not in town, he/she will leave a phone number where he/she can be reached or will arrange for substitute coverage. In the case of a life-threatening emergency, text or phone your individual therapist immediately. He/she should return your call within the hour. If you are unable to reach your individual therapist, call your skills group leader. If you are unable to contact either therapist, call the Crisis Line at Sutter Center for Psychiatry (916) 386-3620, or (800) 801-3077 or go to the nearest hospital emergency room.

Safety Policy

ACDBT staff and client safety are of utmost importance. As such, any act of aggression to self, others or property while on site shall be reported as a critical incident to a program manager and the director. A corrective action plan will be developed and implemented to address the incident, which may involve compensation for damages, taking legal action, and/or immediate termination of ADCDBT services.

Fees

The fee for the program is between \$180.00 and \$250.00 per week, depending upon which program you are in and the services you are receiving: \$150.00 intake; \$80.00-150.00 individual/family therapy; \$50.00 for all client/parent groups.

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Receipt and Acknowledgment of Notice

Patient Name:

Date of Birth:

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Auburn-Davis Center for DBT's Informed Consent Statement and Office Policy. I understand that if I have any questions regarding the Consent I can contact Susan Landes PsyD, MFT.

Signature of Patient

Date

Signature of Parent, Guardian or Personal Representative*

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient refuses to acknowledge receipt:

Signature of Staff Member

Date

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