



## **Mental Health Informed Consent and Rights & Responsibilities**

### **ABOUT US**

Prism Health is a multi-disciplinary clinic of primary care and mental health clinicians. We are located at 2236 SE Belmont St., Portland, OR, 97214. You may reach us by phone at (503) 445-7699. This packet provides information about our professional mental health services and is for you to keep. Please sign the acknowledgement that you have received this packet prior to the start of treatment.

### **INFORMED CONSENT**

#### **Philosophy and Approach**

We believe in providing treatment that is culturally-competent and tailored to the needs of the LGBTQ+ community. We believe in working toward the best interests of our larger LGBTQ+ community with consideration for social justice and equity in care. We approach our care from a client-centered and strengths-based perspective with respect for each individual's unique needs. We collaborate with other providers when it is indicated and authorized. This may include managed behavioral healthcare, primary care providers, and other healthcare providers. We collaborate with you to identify your treatment needs, provide high quality interventions, and review progress and outcomes in treatment.

Each individual clinician may be different in their approach to care; however, these values are present across our organization. You may learn more about your clinician's philosophy and professional qualifications and experience by visiting our website at [www.prishealth.org](http://www.prishealth.org) or contacting our staff.

We adhere to our respective professional organizations' code of ethics. These include the American Counseling Association's Professional Code of Ethics and the American Psychological Association's Ethical Principles and Code of Conduct. The practice of professional counseling is regulated by the Oregon Board of Licensed Professional Counselors and Therapists and the practice of professional psychology is regulated by the Oregon Board of Psychology. We abide by our respective code of ethics as set forth in OAR chapter 833, division 100, OAR chapter 858, and ORS chapter 858, division 10. As a client you have the right to contact the Boards with complaints or concerns regarding your therapy experience.

The Oregon Board of Professional Counselors and Family Therapist can be contacted at:

Oregon Board of Counselors and Therapists  
3218 Pringle Rd SE #120  
Salem, OR 97302-6312  
(503) 378-5499  
Email: [lpct.board@oregon.gov](mailto:lpct.board@oregon.gov)  
Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

Oregon Board of Psychology  
3218 Pringle Rd. SE, Ste. 130  
Salem, OR 97302  
(503)378-4154  
Email: [psychology.board@oregon.gov](mailto:psychology.board@oregon.gov)  
Website: [www.oregon.gov/psychology](http://www.oregon.gov/psychology)

### **Treatment Process**

Mental health services at Prism begin with an assessment. Your clinician will talk with you about your current situation, ask you about your personal history, and make a recommendation for services. You will then develop a treatment plan together that outlines how treatment will proceed and what outcomes to expect.

Please expect individual sessions to last between 40-45 minutes. Sessions may occur weekly or less than weekly. The frequency of your sessions will likely decrease over time. Your clinician will talk with you about your treatment recommendations. We may have group therapy options available as well.

If you and your clinician believe that primary care services might be helpful, your clinician can make a referral within Prism or to another primary care provider. If your treatment needs fall outside the scope of practice of our clinicians, we may refer you to a non-Prism provider.

### **Risks and Benefits of Treatment**

Mental health services are generally effective in treating most mental health conditions. We will monitor progress and outcomes to ensure you are benefitting from therapy. Few people get worse from treatment. Improvement requires attending appointments and following through with treatment recommendations.

There may be challenges associated with therapy. These include addressing painful emotional experiences and/or feelings and being challenged or confronted on a particular issue. As a patient, you are encouraged to discuss these challenges with your clinician at any time. We cannot guarantee specific results of treatment.

### **Minor Consent**

Prism sees patients who are 15 years or older. Oregon law states that a child who is 14 years or older may receive mental health services without the consent of the parent; however, Oregon law requires that parents are involved in treatment before the end of treatment unless there are very clear, clinical reasons why they should not be involved. These reasons include having been sexually abused by a parent or being emancipated. It is our policy to notify the parents on or before the 3<sup>rd</sup> session that their child is in treatment, unless there is a clear, clinical reason.

If you are a minor signing this document, you authorize your clinician to use their best judgment to decide whether to contact your parents or not. It is also important to know that parents have a right to access a minor's record, unless parental rights have been revoked, up until the child turns 18 years of age.

## **Treatment Options and Medical Necessity**

Prism may provide individual therapy, family therapy, or group therapy. All services utilizing your health plan need to be “medically necessary.” This means that 1) you have a covered condition (i.e., diagnosis) and 2) the services are expected to make improvements on that condition (as well as other factors). Your health plan outlines what conditions are covered and what is limited or excluded. Most mental health conditions are covered by most plans.

## **RIGHTS AND RESPONSIBILITIES REGARDING MENTAL HEALTH SERVICES**

**As a patient of Prism Health, you have a general set of rights and responsibilities. Within our mental health services, you have additional rights. Please let us know if you do not understand your rights or responsibilities as a patient of Prism Health or if you have questions about your rights.**

### **Your Rights as a Patient**

- To expect that a licensee has met the minimum qualifications of training and experience required by state law;
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Codes of Ethics;
- To report complaints to the Boards;
- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule or law.
  - The information you share in a therapy session, as well as the information kept in your electronic health record is confidential except where disclosure is required by law and deemed to be in your best interests. Three exceptions to confidentiality are:
    - When there is a reasonable suspicion of minor, elder, or dependent adult abuse or neglect;
    - When the client presents a clear and present danger to themselves or to others;
    - When the provider is court-ordered to testify.
- To be free from being the object of discrimination on any basis listed in the Codes of Ethics and by law while receiving services.
- Regarding treatment planning
  - Choose from and receive available services and supports that are consistent with your treatment plan;
  - Participate in and assist in the development of your treatment plan;
  - Participate in periodic review and reassessment of your treatment plan; and,
  - Receive a copy of your treatment plan.
- Have all services explained, including expected outcomes and possible risks;
- Receive prior notice of service conclusion or transfer, unless it poses a threat to health and safety.
- Exercise all rights described in this rule without any form of reprisal or punishment.

**Please let us know if you do not understand your rights as a patient of Prism Health or if you have questions about your rights.**

### **Complaints and Grievances**

If you are unhappy with services at Prism, you have the right to file a complaint. You may do so informally by speaking directly with your clinician or the front desk staff. You may also ask to speak to the Clinic Manager. This position is the first to respond to complaints for Prism. You may also fill out a "Client Grievance Form." These are available at the Prism Health office. They are also available on the Prism Health website ([www.prismhealth.org](http://www.prismhealth.org)).

After we receive your grievance, here is what will happen:

Step 1: Based on your concern, the form will be forwarded to the most appropriate Manager and the Director of that department.

Step 2: The Manager will discuss the concern with any affected staff members and other members of CAP staff who may be able to help resolve the situation. The Manager will then make every effort to contact you with information or a decision within 5 business days of the day CAP received your written concern.

Step 3: If a satisfactory resolution is not reached with the assigned Manager, the concern will be reviewed by the Department Director. The Director will contact you with information or a decision within 5 business days after receipt of the materials.

Step 4: If the concern is not resolved with the response of the Director, you may request a meeting with the Executive Director of CAP by calling Eowyn at 503-278-3811. Our goal, depending on availability, is to schedule the meeting within 10 business days of your request.

We will not retaliate if you make a complaint. We will not reduce or terminate services based on the fact that you made a complaint. You are immune from civil or criminal liability with respect to the making or content of a complaint made in good faith. We treat anyone who complains with respect and confidentiality. We also respect the confidentiality of our staff regarding personnel issues (such as disciplinary actions).

### **Cancellations and No-Shows**

We require a 24-hour advance notice for cancellations and re-schedules. Please call the Prism front desk to inform us. If office staff are not available, please leave a message on the confidential voicemail.

A late cancellation or no-show has an impact. If we have enough notice of a cancellation, we can provide help to someone else. A late cancellation or no-show means that we were unable to serve another person. As a result, we may ask that you call the day of the appointment, attend a drop-in time, or take some other step before setting an appointment. If we do not believe you will make progress on your mental health condition because of no-shows or late cancellations, we may end treatment with you.

If you have no-showed and have not scheduled an appointment after 30 days, we will assume you are ending your treatment. We may close your file at that time. Overall, we may consider that you are not

an active client with us if 1) 60 days have passed, 2) you don't have an appointment with us, and 3) we have not heard from you. You may contact us to schedule an appointment to become active again.

### **Crisis and Emergencies**

If you are experiencing a mental health emergency, please call 911 if you are experiencing or visit your nearest emergency room. **An emergency means a situation where there is an immediate risk of harm to yourself or someone else.** Prism does not offer after-hours crisis response.

If you are experiencing a mental health crisis after hours, you may utilize the following resources:

Multnomah County Crisis Line	(503) 988-4888 or (800) 716-9769
Washington County Crisis Line	(503) 291-9111
Clackamas County Crisis Line	(503) 655-8585
Southwest Washington Crisis Line	(360) 696-9560 or (800) 626-8137
The GLBT National Hotline	(888) 843-4564
Trans Lifeline	(877) 565 8860
National Suicide Prevention Lifeline	(800) 273-8255
The GLBT National Youth Talkline (through age 25)	(800) 246-7743
The Trevor Project (ages 13-24)	(866) 488-7386
Portland Women's Crisis Line	(503) 235-5333
Bradley-Angle Domestic Violence Hotline	(503) 281-2442
Domestic Violence Resource Center 24-Hour Hotline	(503) 469-8620

Oregon and Washington have a "warm line" where you may talk to peer counselors. You may use this if you need help with a crisis or concern that does not involve a risk of harm to someone. That number is 1 (800) 698-2392 for Oregon and 1 (877) 500-9276 for Washington.

### **GENERAL ADDITIONAL INFORMATION ABOUT THE PROVIDERS**

Therapists at Prism Health are required to participate in continuing education, taking classes dealing with subjects that are relevant to the profession of counseling and/or psychology.

### **CONTACTING YOUR PROVIDER**

In between appointments, you can call (503) 445-7699 to leave a message for your therapist. Your therapist can also be reached via Prism Health's patient portal, MyChart.

Phone messages will be checked daily (Monday-Friday), and phone calls will be returned as soon as possible. Please note that therapists do not respond to and are not able to receive text messages.

*Social media and email:* Please do not email private health information; email is not a secure form of communication. Prism's therapists do not communicate with clients via social media, nor do they accept "friend requests" or "follow" current or former clients.

*Accidental Meetings:* If you accidentally see your therapist outside of the therapy office, they will not acknowledge you unless you acknowledge them first. If you choose to acknowledge them, they may speak briefly with you. It is not appropriate to engage in any lengthy discussion with your therapist in public or outside of the therapy office.



**Mental Health Informed Consent and Rights & Responsibilities**  
**Acknowledgement Page**

I acknowledge that I have received the Informed Consent, Rights & Responsibilities, and Notice of Privacy Practices for mental health services at Prism Health. I understand that I may ask questions, at any time, about the information contained within.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name, Printed

\_\_\_\_\_  
Parent/Guardian signature (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name, Printed (If applicable)