



Informed Consent

You can expect the attention, respect, and best professional efforts of your MH provider. Your MH provider will treat you as a responsible individual and will expect you to take an active role in your treatment. You should understand the goals and direction therapy is taking, and if you do not understand, you should ask. To better equip you to start treatment and understand some ground rules, the information below is provided:

To schedule follow-ups or cancel appointments, you can reach Desert Wise by calling 505-361-1957.

Limits to Services

Desert Wise does **not** provide MH emergency services, does **not** accept walk-in patients, and is **not** available for 24/7 consultation. If you have a MH emergency, you should immediately go to the nearest emergency room or call 911.

Confidentiality/Disclosure Policy Exceptions

- Danger to Self or Others. Providers must take steps to protect individuals from harm when a patient presents a serious threat to the life or safety of self or others. This can include (but is not limited to): notification to law enforcement in the event you intend to harm yourself or someone else or notification to your emergency contact if you may be too impaired to drive safely.
- Abuse to a Vulnerable Population. Providers must report suspected child abuse/neglect, suspected elder abuse/neglect, and/or suspected abuse or neglect to any other vulnerable population (e.g., disabled individuals) to relevant protective authorities and/or law enforcement.
- Court Order or Other Lawful Demand. Providers must obey court orders (e.g., subpoenas) and other lawful demands requiring release of records.

Records of Your Care

Each of your clinical visits to Desert Wise are documented in your medical record. Generally, only your primary MH provider is allowed to view these sensitive records. (See Confidentiality section, as well as Desert Wise's Privacy Policy for additional information.) After you terminate care at Desert Wise, your MH record will be maintained at Desert Wise and will permanently be subject to the privacy practices outlined in Desert Wise's Privacy Policy. The American Psychological Association (APA, 2008) requires that records are maintained in their entirety for 7 years after the last date of service or 3 years after a minor patient reaches majority age. Records will be disposed of confidentially and in accordance with state and federal law.

Disclosure Policy for All Patients

The privacy of patients is protected by the Federal Privacy Act. Your health information may be used or disclosed for treatment, payment, insurance operations, and health care operations. Most other information related to the treatment of patients is not releasable without the written consent of the patient. (See Confidentiality section, as well as Desert Wise's Privacy Policy for additional information.) Excluded from consent requirements are such activities as quality assurance reviews by other MH professionals operating in conjunction with Desert Wise's OHCA (Organized Health Care Arrangement) and quality assurance reviews by your insurance company's credentialing and quality departments. You have the right to request restriction of uses and disclosure of your protected health information by submitting this request in writing. Desert Wise will inform you of whether your provider agrees to this request.

Appointment Cancellation, No-Show, and Disengagement Policy for All Patients

Please give us at least 24 hours' notice if you will be unable to make an appointment with Desert Wise, as we make an effort to maximize our availability to patients awaiting care. If you provide less than 24 hours' notice, we will designate the appointment as a "no-show." If you have not arrived by 15 minutes after the scheduled start of your appointment time, we will designate the appointment as a "no-show." The fee for a no-show is \$50, which is **not** covered by your insurance and will be billed directly to the credit card you have provided on file. If no-shows become a pattern, your provider may speak to you about whether continuing treatment makes sense for you at this time. If your provider has not heard from you for 30 or more days, your case will be closed. If you decide to reengage with treatment at a later date, you may have to be entered onto the waitlist. Case closure does not limit you from receiving services from other mental health professionals.

Telephone Communication

Face-to-face treatment is always the preferred method of communication. Telephone consultations are only considered on a case-by-case basis. When approved by your provider, telephone consultations are intended to assist in, not replace, the routine care you receive in our clinic.

Electronic Communication

You may have access to your provider’s email address via business cards, websites, etc. This email is **not** to be used for clinical concerns and should **only** be used for brief, non-sensitive updates, such as canceling appointments. Do **not** email your provider regarding crises, emergencies, or the content of your MH sessions. Use of this method of communication is conducted at your own risk, as Desert Wise cannot assure the privacy, protection, or integrity of this form of communication. Emails sent to your provider become part of your legal MH record. Additionally, your provider may occasionally use a fax machine to transmit records (e.g., when you request that your primary care doctor receive updates). Your provider will take every reasonable precaution to protect your privacy, following all regulations and guidance outline by the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-191), when using this form of communication, but your provider cannot guarantee the privacy practices of the recipient of the faxed document.

Internet and Social Media Policy

Your provider does not knowingly accept friend or contact requests from current or former patients on any social networking site, as these internet contacts can compromise your confidentiality, erode the privacy of your provider, and blur the boundaries of the therapeutic relationship. Do not use text messaging or messaging on social networking sites in an attempt to contact your provider.

Revocation of Consent

You have the right to revoke this consent in writing. However, actions taken by Desert Wise prior to revocation of the consent are not subject to the revocation.

Special Notes for Military-Affiliated Individuals

Despite Desert Wise’s specialty in providing MH services to military members, Desert Wise’s providers are not agents or employees of the DoD or federal government. Thus, the only disclosures made to your chain of command will be those expressly outlined in the Privacy Act and/or those you have authorized. However, the referring Medical Treatment Facility (MTF) has the right to request copies of your progress notes without your written consent, and as an authorized entity that bills TRICARE, Desert Wise is obligated to comply with these record requests. If you have concerns about Desert Wise releasing requested records to the MTF, please speak with your provider. Note: Since Desert Wise is not an entity of the DoD or federal government, your provider does not have the capability of issuing DLCs/profiles or writing NARSUMs for MEBs.

Special Notes for UNM Medical Residents

Given the nature of fitness for duty evaluations, there is no implied or expressed confidentiality as it pertains to the findings or recommendations derived from the evaluation. While Desert Wise is committed to providing the least amount of personal information necessary to accomplish communication of recommendations to UNM and/or its departments, residents agree that Desert Wise and its associated providers can relay recommendations, functional limitations, and the impairment level of the resident to UNM and/or its departments.

If you have any questions or concerns about the information and instructions contained herein, speak to your provider immediately.

By signing below, I affirm that I have read the policy above and voluntarily consent to evaluation and/or treatment with understanding of the limitations of my privacy.

Patient's Printed Name: _____ Signature: _____ Date: _____