

INFORMED CONSENT AND TREATMENT AGREEMENT

Welcome to SAFE: Soldiers And Families Embraced. This document explains important details of the services we provide and how our process works. It is vital that you are aware and understand the following content in order to get the most out of your treatment.

SUPERVISION AND TRAINING

Counselors at SAFE consist of various different field types. They range from those who are fully licensed, to those who are working toward full clinical license, as well as graduate level interns. It is important to note that those still working on licensure and graduate level interns are providing services under supervision. You at any time may have the contact information of your counselor's supervisor. You (your child's) treatment is likely to be discussed during supervision meetings with the supervisor and other supervisees. Cases will be discussed in generalities without identifying information. Each of these individuals are held to the same confidentiality standards and no information shared during the meeting is shared elsewhere.

All counselors at SAFE work with the same purpose and that is to provide the best mental health treatment to those we serve. It is a part of SAFE's mission to facilitate growth in new providers in order to increase skills in working with the military population. With this being said consultation, guidance, and debriefing on client cases may be discussed between SAFE providers and agency staff. Case discussions will be discussed in generalities with no identifying information and never needlessly. If there is any concern about your information being discussed with another SAFE counselor or staff, you have the option to request that your provider not consult with that individual regarding your case.

To facilitate long term impact for families receiving more than one service or treatment, SAFE providers may/will staff cases with other SAFE providers in order to gain multiple perspectives and provide optimal care for your family. This communication is meant to aid and assist the therapeutic process and provide a multidisciplinary approach for wellness. Please be aware you have the right to change your mind, revoke, and direct your counselor to whom communication can occur at any time.

INTAKE PROCESS

Because SAFE is made up of several different counselors with an array of skills and levels of expertise, as well as those still working toward licensure, we reserve the right to refer any client to other facilities or clinicians, who we may feel like may not be best served by our agency. Therefore, you are not considered a client until the intake process is complete, assessment information is reviewed, a counselor has agreed to provide services, and you have agreed to accept those specific services.

The purpose of the intake is to gather the appropriate information, specify needs and

goals of the client, and determine if our agency is an appropriate fit for the client. Client personality and commitment is assessed as well and all information is utilized to make the most appropriate match to a provider. The assessment done at intake will also allow us to determine an appropriate treatment length so that time and resources are being used in the most efficient and effective way.

LIMITATIONS OF SERVICES AT SAFE

SAFE works to provide services to anyone who qualifies for our program. We aim to treat those who have a direct and current connection with the military and/or have been specifically affected by war. There are instances when an individual may no longer have a direct connection to the military (i.e. ex spouse), but through their experiences while being connected are still struggling. In this instance we can justify providing services, however, we do have to assess and make this determination. As stated previously our intake process is partially to determine if SAFE is an appropriate match based on client need and qualification compared to services we offer. If, for some reason, it is found that an individual does not qualify for SAFE services or their need exceeds our capabilities, we will work to make an appropriate referral.

It is also important to note that SAFE is designed to provide short-term services. Because we provide free services with limited funding we are unable to accommodate the need for lifelong or long-term counseling. With this being said we do make every effort to help clients fully reach goals within a maximum number of 12 sessions.. If a client has reached the original set maximum number of sessions, and a counselor believes he/she needs additional sessions in order to meet goals, there are fees associated with any additional session. Sessions 13-16 will incur a \$15 charge, and any subsequent sessions will require a fee of \$75.00. Based on continued clinical need, an extension request can be submitted for continued care with SAFE waiving the fees.

SAFE also continues to serve many individuals and families in the community. In order to be the best stewards of money provided by grantors and funders, it is important that SAFE continues to reach as many people as possible. In order to do this, SAFE is only able to offer 2 free sets of services for each service member in a family. Therefore, if additional services are requested past two, the fee for each session after the intake will be \$15.

CLIENT RESPONSIBILITY

Because we do have limited funding for our program and the need is so great, we ask our clients to be dedicated to attending sessions and working on tasks assigned to them. You are responsible for coming to your sessions on time and at the time you and your counselor have scheduled. If you are late, the session will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel after 0800 the day of your appointment, you will be expected to pay the \$50.00 fee before your next session per the missed appointment policy. If you continually cancel or no show for

appointments, SAFE is inclined, and has the right, to terminate services. Counselors are required to inform agency supervisors of recurring tardiness, cancellations, or no shows, and such actions are likely to lead to termination of SAFE services. In such cases, we are happy to assist in appropriate referrals if requested by the client.

SCHEDULING

Currently all of our providers are contracted and do their own scheduling. SAFE administrative staff does not manage or have access to provider schedules. Once you are paired with a counselor, that counselor will reach out to you directly for scheduling. At this time they will provide you with their direct contact information in order for you to reach out to them for cancellations or reschedules. If you need to find out when an appointment is or cancel an appointment, you must reach out to your provider directly. SAFE administrative staff will not have this information if you call the office. If you are having trouble reaching your provider you may call the office and we can take a message for the counselor and pass it along to have them contact you. It is important to remember this in connection with the missed appointment policy. If you have to cancel an appointment you must contact the provider directly within the set time frame in order to avoid being charged the missed appointment fee.

EMERGENCY CARE AND CRISIS SITUATIONS

SAFE is unable to provide emergency services. You may try to contact your counselor on their direct line or the agency during business hours, but it is important to have an alternative plan in case a crisis situation occurs. If you believe that you have had crisis situations in the past, suicidal thoughts, or upcoming significant stressors, it is important to discuss this with your counselor in order to develop a plan of action if a crisis does occur. If you are having an emergency, please call 911, go to the nearest emergency room, or contact a crisis hotline (1-800-273-TALK (1-800-273-8255)).

SIGNATURE

Your signature below indicates that you have read and understand the information included in this document and agree to its terms. Your initials next to each of the sections below notate that you have read and agree to each major point of this document. If you have any questions or need any clarification about the information discussed in this document, please feel free to contact the agency and speak to the Program Director.

_____ I understand that SAFE works with both interns and individuals working toward licensure, both of which are under supervision, and that all providers sometimes staff cases within the agency.

_____ I understand that if there is an individual within the agency that I wish my provider not speak to about my treatment, I must notify them so appropriate action can be taken.

_____ I understand that the purpose of the intake is to determine if SAFE can provide me with services and if they are the most appropriate fit, and that SAFE may choose to refer me to another agency or provider if I do not qualify for their program or they feel it is best for the most effective treatment.

_____ I understand that SAFE may have to transfer or refer to another agency or provider depending on availability or the capacity of the agency to provide treatment for my specific concerns. For such instances I will be notified in advance.

_____ I understand that SAFE works to provide evidence-based services in the most efficient way possible. This means that sessions are limited to 12 free sessions, with fees associated with any subsequent sessions.

_____ I understand that it is my responsibility as a client to be dedicated to attending my counseling appointments and participating in tasks assigned both in and out of session.

_____ I understand that frequent no-shows, cancellations, or late arrivals may result in termination of services at SAFE.

_____ I understand that for scheduling and cancelling appointments, I ensure that I have my provider's direct contact information and reach out to them directly.

_____ I understand that SAFE is unable to provide emergency or crisis services and that I must speak with my provider about creating an emergency plan for potential crisis situations.

Client Signature _____ Date Signed _____

Printed Client Name _____