



### **Policies and Consent for Services**

This form describes the policies of the Bright Futures Family Counseling Center as well as confidentiality guidelines. Please read it carefully and note any questions or concerns you have so we may discuss them. Your signature at the end of this form indicates that you agree to our policies for services.

**Nature of Services:** At the Bright Futures Family Counseling Center, we provide individual, group, and family psychotherapy, psychological testing, and psychiatric services for toddlers, preschoolers, children and adolescents referred for behavioral, emotional, and social concerns. The approach, goals, and duration of therapy will be discussed with each patient/family on an individual basis. Psychological evaluations are provided for anxiety disorders, mood disorders, emotional challenges, learning disabilities, attention problems or broader neuropsychological problems related to certain medical conditions or brain injury. These assessments aid in educational and intervention planning, such as developing goals and recommending strategies for learning new skills. We do not provide assessments for custody trials.

Bright Futures Family Counseling Center is also operated as a **training facility** for interns who have completed a master's or doctoral of psychology, a social work program or are now in an internship. These providers may work with you or your family under the direction of licensed psychological clinicians including Crystal Lockett, the Center Clinical Director.

**Confidentiality/HIPAA:** Bright Futures Family Counseling adheres to federal and state guidelines for confidentiality as prescribed by the **Health Insurance Portability and Accountability Act**. In general, the law protects the privacy of all communications between a patient and providers of mental health services. In most situations, we can only release information about your treatment or testing to others if you sign a written authorization to release information. There are exceptions and limits to confidentiality. If a patient is a danger to him or herself or others, if child abuse is suspected or reported, we are obligated to divulge information and/or take protective actions. In the case of receiving a legal subpoena for records or testimony, we will notify the parent/guardian prior to fulfilling the obligation. Consultation and/or supervision may include discussion of your treatment. Anyone providing consultation and supervision on your treatment is legally bound to keep information about patients confidential.

**Potential Effects:** Mental health services can have many positive benefits; however receiving psychotherapy, testing, or medication may involve some risks or discomforts. Therapy often involves discussing problems that may lead to unpleasant feelings. You may experience some discomfort when talking about these problems or experiences. Also, although each treatment is designed to help with emotional and behavior problems, there is no guarantee of improvement. In any of these events, you have the right to withdraw from services at any time without penalty.

**Complaints:** Please do not hesitate to discuss any concerns with the individual providing your mental health services. Often frustrations and upsets in the treatment context yield opportunities for benefit when discussed freely with your clinical provider. If you feel that supervisory issues or operational issues are unresolved you may contact the Executive Director, Carolyn Lockett, P.C. at 972-665-9835. If you have a complaint about the Center or a particular provider that you cannot resolve with us, you have the right to call the Texas State Board of Examiners at (512) 305-7709.

**Alternative Services:** You have the right to withdraw from our services at any time and we will assist you with finding an appropriate referral.

**Emergencies:** For medical emergencies or danger to self or other issues you should call 911.

*Your signature indicates that you have read, understand, and agree to the policies and procedures of Bright Futures Family Counseling Center.*

I have read the HIPAA privacy and confidentiality information above and received a copy for my files.

\_\_\_\_\_  
**Patient Printed Name**

\_\_\_\_\_  
**Patient's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider printed name**

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Date**