

Admitted to program: Y N Date: _____

Nashville CARES
Behavioral Health Services
Client Information and Emergency Contact Release Form

Legal Name: _____ Name Called: _____

Pronouns: She/Her/Hers He/Him/His They/Them/Theirs Other: _____

Gender Identity: Male Female Transgender M-F Transgender F-M Other

HIV Status: Positive Negative Unknown

Date of Birth: _____ SSN#: _____

Address: _____

Primary Phone Number: _____ Primary: OK to call? Yes No

Secondary Phone Number: _____ Primary: OK to leave voicemail? Yes No

E-Mail Address: _____ Primary: OK to text? Yes No

Preferred Communication Method: _____ Secondary: OK to call? Yes No

Secondary: OK to leave voicemail? Yes No

Secondary: OK to text? Yes No

OK to email? Yes No

Please note that email correspondence will be used for general communication ONLY (i.e. appointment scheduling, general information, etc.)

Relationship Status: Single Married Partnered Divorced Other: _____

Spouse/Partner Name: _____ Length of Relationship: _____

Health Insurance: No Yes (please complete Insurance Information Form)

Referral Source: CARES Case Manager Healthcare Provider Community Agency

Faith Community Friends/Family Other: _____

Emergency Contact Release Information

I authorize Nashville CARES staff to release information to the following person in the event of a medical or mental health emergency. A medical or mental health emergency is defined as a situation in which my (or someone else's) life is immediately at risk of harm. In the event my emergency contact must be called, the caller will be identified as my Behavioral Healthcare Provider with no identifying agency information.

This release is valid from _____ to _____. (Not to exceed 365 days)

Emergency Contact: _____ Relationship: _____

EC Address: _____ Telephone Number(s): _____

Client Signature

Date

Nashville CARES
Behavioral Health Services
New Client Form

Client Name: _____

Date of Birth: _____

What has led you to seek counseling at this time?

How long have you experienced these issues/problems?

<1 month 1-3 months 3-6 months 6-12 months >12 months

How difficult have these issues/problems made it for you to live your daily life?

Not difficult Somewhat difficult Very difficult Extremely difficult

What are your three greatest stressors?

1.
2.
3.

Have you ever received counseling/therapy before? Yes No

When: _____

Provider: _____

Describe your past experience with counseling. What was helpful? What was not helpful?

What mental health diagnosis, if any, have you been given? _____

Current mental health medications:

Medication	Prescribing Doctor

Is there anything else you would like to share with your counselor/therapist at this time?

Signature

Date

**Nashville CARES
Behavioral Health Services
Client Insurance Information**

Client Name: _____

Primary Insurance

Name of Cardholder: _____

Date of Birth: _____

SSN#: _____

Relationship to Client: _____

Insurance Company: _____

ID#: _____

Group#: _____

Employer through Which Insurance is Offered: _____

Phone# for Benefits: _____

Behavioral Health Phone#: _____

Claims Address (listed on card): _____

Secondary Insurance (if applicable)

Name of Cardholder: _____

Date of Birth: _____

SSN#: _____

Relationship to Client: _____

Insurance Company: _____

ID#: _____

Group#: _____

Employer through Which Insurance is Offered: _____

Phone# for Benefits: _____

Behavioral Health Phone#: _____

Claims Address (listed on card): _____

Please also send a copy/picture of the front & back of your insurance card to your therapist.

Client Signature

Date

TELEHEALTH INFORMED CONSENT FORM

By signing below, I affirm that I consent to telehealth treatment with Nashville CARES' Behavioral Health Team and understand, regarding telehealth:

- 1) I have the right to remove consent at any time without affecting my right to future care or treatment.
- 2) My therapist may ask me to provide verification of address and identity.
- 3) All appointments scheduled are based on Central Standard Time.
- 4) Telehealth therapy may include mental health evaluation, assessment, treatment planning, and therapy.
- 5) Telehealth will occur primarily through interactive audio, video, telephone and/or other audio/video communications. I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.
- 6) Telehealth-based services and care may not be as complete as in-person services. If my therapist believes I would be better served by other interventions, I will be referred to a mental health professional who can provide those services in my area.
- 7) Intake notes, progress notes, and other appropriate documentation will be completed by my therapist and stored in ClientTrack.
- 8) The laws that protect the confidentiality of my personal information also apply to telehealth, and I may refer to the Nashville CARES Rights & Responsibilities form for more information.
- 9) There are risks and consequences for telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of Nashville CARES' behavioral health providers, that the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons. If there is an interruption in service due to technical difficulty, my therapist will call me to make a plan to resolve the issue or take other appropriate action.
- 10) The use of some audio/video systems are not 100% secure and may have issues with internet connectivity. All attempts to keep information confidential while using these systems will be made, but a guarantee of 100% confidentiality cannot be made with inherent issues with these communication systems. I have been advised that I am responsible for attending a telehealth therapy session in a private setting, using ear buds or headphones to maximize confidentiality.
- 11) I will receive telehealth services via various platforms as they are available and found to be best suited for my needs (as determined through a discussion with my therapist). Some of those platforms may be HIPAA compliant, while others may not be. While efforts will be made to offer the most secure platform, and those that are HIPAA compliant, this standard has been temporarily waived during the COVID-19 pandemic.
- 12) Certain situations, including emergencies and crises, are inappropriate for audio/video/computer-based mental health services. I should immediately call 911 or go to the nearest hospital or crisis facility if I am having thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, or experiencing a life-threatening situation.
- 13) If an emergency occurs during a telehealth session, I understand that my therapist may call 911, my emergency contact on file, or any other appropriate party. Additionally, I agree that if I am accessing my telehealth therapy session from any location other than the home address on file with my therapist, that I will inform my therapist before the session begins so that appropriate safety measures may be taken in the event of an emergency.

Printed name of client/guardian

Relationship (if applicable)

Signature of client/guardian

Date

Signature of clinician

Date

Nashville CARES
Behavioral Health Services
Informed Consent for Treatment

General Overview

Nashville CARES provides a variety of behavioral health services that are tailored to each client's need. Services include individual, group, and family/couples therapy as well as psychotropic medication evaluation/management. The process consists of a general introduction to counseling, assessment and action planning which results in an Individual Program Plan. The process and relationship between you and your provider will be reviewed on a regular basis and modified, as appropriate. Your questions and concerns are valued and welcomed throughout the process.

Confidentiality

Nashville CARES behavioral health providers maintain strict confidentiality in accordance with all applicable state and federal laws and guidelines as well as the ethical guidelines of Nashville CARES and the individual provider's professional association (American Counseling Association, National Association of Social Workers, or American Psychiatric Association). Effective services sometimes requires that behavioral health providers share confidential information internally with other behavioral health staff. However, no records or information will be released from Nashville CARES without a client's written permission, except under circumstances permissible by law such as, but not limited to:

- if it is the provider's judgment that there is a substantial risk that a client will do physical harm to themselves, it is the provider's duty to protect the client's safety;
- if it is a provider's judgment that there is a substantial risk that a client will do physical harm to an identifiable other person(s), it is the provider's duty to protect the safety of the endangered person(s);
- if information is shared with a provider indicating that a child or dependent adult is currently being abused, state law requires that this information be reported to the appropriate state agency;
- if a court of law, with appropriate jurisdiction, orders that specific client information is relevant to a pending case, state law requires that such information is released to the court.

Appointments

Clients are seen by appointment only. We make every effort to be on-time in meeting with clients; therefore, we ask that you are on-time for your scheduled appointment. If you are going to be late to or cannot attend your appointment, as scheduled, please contact and/or leave a message with your provider.

Office Hours/Telephone Calls/E-mails

Nashville CARES normally operates between 8:00 AM and 6:00 PM, Monday through Friday. However, we are closed throughout the year for Holidays as well as staff events, and, if needed, for inclement weather. You may call the HEARTLine (1-800-845-4266) to get current information regarding office closings. Because of the multi-faceted nature of CARES services, the most efficient method of communicating with your provider is by calling or e-mailing him/her directly. Please note that e-mail is to be used for general information sharing and/or appointment scheduling. E-mail will not be used as a method for conducting therapy or transmitting content related to your treatment. When calling your provider, please be aware that he or she may not be available. In such circumstances, please leave a voice message with contact information. Your call, if requested, will be returned as time permits.

Updated by LB 1/2017

If you are experiencing a mental health emergency, please contact the Crisis Center at **615-244-7444**, call **911**, or go to your **nearest hospital emergency room** for immediate assistance. CARES behavioral health staff are not available for consultant after regular business hours.

Fees

It is the policy of Nashville CARES to make high quality behavioral health services available. Services are offered on a Sliding Scale basis as to improve service availability. Behavioral Health clients will be asked for personal insurance information so that credentialing with insurers and other payors may assist with fees for services. Although Nashville CARES is mandated to charge and collect co-pays for insurance as directed by the plan, it is the goal of Nashville CARES to align wherever possible with programs and funding sources to reduce co-payments and co-insurances for clients. If an individual is uninsured, an income based Sliding Fee Scale is available to reduce the cost of your care to a nominal fee. It is also recognized that there is therapeutic value in clients participating financially in their care and in their recovery. By valuing the services, they learn how to value themselves.

Nature of Behavioral Health Services

Behavioral Health Services, including counseling and psychotropic medication management, can be tremendously beneficial for many individuals. Clients interested in these services should realize that they may make significant changes in the way they feel about themselves, their relationships with other people, and other aspects of their lives. While counseling can be an effective mode of treatment for a variety of problems, results are not guaranteed. It is essential that you discuss any questions or discomfort you might have with your behavioral health provider.

Consent

I certify that I have read, understand, and will abide by the information outlined above regarding Nashville CARES Behavioral Health Services. I acknowledge that both the benefits and risks of behavioral health services have been explained to me, and I consent to enroll in treatment. I further acknowledge that I have seen the Nashville CARES fee schedule and Sliding Fee Scale.

Client Name (Print)

Client Signature

Date

Clinician Name (Print)

Clinician Signature

Date

**Nashville CARES' Behavioral Health Services
Client Rights and Responsibilities**

You have the right

- to be fully informed before or upon admission about your rights and responsibilities and about any limitations on these rights imposed by the rules of the facility.
- to be treated with courtesy, respect and dignity free from neglect, abuse and exploitation and to be protected by CARES from verbal, physical, and mental abuse, and all forms of neglect and exploitation.
- to fair treatment, regardless of race, ethnicity, gender identity, sexual orientation, age, religion, disability, or ability to pay for services.
- to have your treatment and other personal information kept private. Only where permitted by law, may records and/or personal information be released without permission.
- to be assisted by CARES in the exercise of your civil rights.
- to know about your treatment choices and alternative interventions, regardless of costs.
- to participate in the development of your plan of care.
- to information in language/terms you can understand.
- to have a clear explanation of your condition and treatment options.
- to participate fully, or refuse to participate in social activities or community activities including cultural, educational, religious, community services, vocational and recreational activities,
- to know about advocacy and community groups as well as prevention services.
- to know your rights and responsibilities in the treatment process.
- to be free from the requirement to perform labor or services ordinarily performed by staff
- to be free from the requirement to make public statements which acknowledge gratitude to the CARES for services.
- not to have identifiable photographs taken of you and/or used without a signed written consent
- not to have responsibilities for the care or supervision of other clients
- not to have responsibilities which would require you to have access to confidential information
- to be informed of a proposed limitation or modification of your rights or the rules of the facility
- to voice grievances or file complaints without fear of punishment if any of these rights are violated.
- to ask the facility to correct information for your records, and the right to include a written statement if the facility refuses and the right to vote, make contracts, buy or sell real estate or personal property, or sign documents, unless the law or a court removes these rights.

You have the responsibility

- to treat those giving you care with dignity and respect.
- to give providers information you need, so that the provider can deliver the best possible care.
- to ask questions about your care, in order to help you understand your care.
- to follow the treatment plan agreed upon by you and your provider and to inform your provider if it is not working.
- to tell your provider about any changes in medication.
- to keep your appointments and to contact your provider, per policy, regarding any schedule changes.
- to accept the financial obligations associated with your care.
- to report abuse and/or fraud or openly report concerns about quality of care you receive.

Filing a Complaint/Grievance:

- A formal complaint procedure is available to you and includes the process of interacting with the person responsible for the concern, if appropriate, and his/her supervisor until resolution is achieved. Grievance is your right without restraint, interference, coercion, discrimination, or reprisal.
- If you would like to file a complaint against a Nashville CARES' Behavioral Health Services provider, ask to contact the immediate supervisor of the person against whom you wish to file the complaint. The supervisor will meet with you and review your complaint and the full grievance procedures, including the appeals process.
- You may also file a formal complaint through Tennessee Department of Mental Health and Substance Abuse Services at 1-866-797-9470.

Advocacy Resources:

National Alliance on Mental Illness: 800-467-3589
Tennessee Mental Health Consumer's Association: 888-539-0393
Prevention Alliance of Tennessee: 800-560-5767
Tennessee Association of Alcohol, Drug & other Addiction Services: 615-780-5901

My signature affirms I have been informed of my rights and responsibilities, and that I understand the information.

Client Signature

Date