Welcome to Morningstar. We hope that the following information will be helpful to you in making an informed decision about your child’s behavioral health services. Please ask questions as needed. The following agreement concerns our professional services and business policies. This form is an agreement between you (your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Morningstar Mental Health Services on behalf of (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a minor child who you are legally responsible for. Once you have read this packet please discuss any concerns or questions with Morningstar staff.

APPOINTMENTS & MESSAGES:

Our services are by provided by appointment unless of a crisis nature. Depending upon the type of service received, you may expect to spend 1-2 hours. We generally do not accept phone calls while we are with clients. Cancellations are made by calling at least 24 hours in advance Monday – Friday. Please understand that once you have made an appointment, you have reserved that hour and will be expected to keep the appointment or make a cancellation. Insurance companies/Medicaid do not provide reimbursement for cancelled sessions. After business hours, you may choose to leave a voicemail, however if your cancellation is less than 24 hours in advance or on the weekends, you must contact on-call staff per voice mail instructions. In the event of a medical or police emergency, call the county emergency number first, then call Morningstar on-call staff. Trained professional staff are on call 24 hours a day for crisis situations. ***\_\_\_\_\_ INITIAL***

INITIAL CONTACT, ASSESSMENT & SERVICES:

The initial appointment is scheduled to discuss concerns and problems from your point of view. Historical or other background information may be obtained during this time or during following sessions. In times of crisis, the initial appointment may be used to resolve or relieve the immediate crisis. Information concerning your thoughts, feelings, strengths, needs and preferences will be used to complete an assessment and to develop your treatment plan which can be updated at any time during services.

Our contract requires that we inform you that other providers are available in the local or nearby areas to provide the same services that Morningstar does. Georgia Crisis and Access Line can provide up to date information about these providers at 1-800-715-4225 or on the internet at [www.mygcal.com](http://www.mygcal.com) ***.\_\_\_\_\_INITIAL***

Your treatment team will include a combination some or all of the following professionals: a Child and Adolescent Psychiatrist, Psychologist, Registered Nurse/LPN, Therapist(s) and/or Paraprofessional(s).

Services your child may receive as outlined by the treatment plan may include:

Behavioral Health Assessment Individual Therapy Family Therapy

Community Support Individual Group Skills Training Family Skills Training

Psychiatric Services Diagnostic Assessment Nursing Services

Crisis Intervention Medication Administration Group Therapy

Assessment, therapy or counseling services may be provided by an intern, license eligible, or associate licensed practitioner who receives clinical supervision by a fully licensed professional and meets practice guidelines to provide this service while seeking full licensure. ***\_\_\_\_INITIAL***

There has been no “proven” cure for any mental health diagnosis to date, so psychiatry and counseling techniques are not an exact science. All Morningstar providers utilize techniques that are considered “best practices” by experts in the field. People who receive mental health services may stay the same, get worse or experience improvement in or elimination of symptoms***. \_\_\_\_\_INITIAL***

TRANSPORTATION CONSENT:

Community Service Individual Services and some Group Training activities may occur in the community and require our staff to transport your child. All staff driving records are evaluated to ensure safe driving records, and vehicle safety checks are conducted. Each episode will be communicated to and approved by caregiver/parent(s) prior to transporting. **Unless this statement is marked out, your signature below provides consent for transportation in private vehicle of authorized staff to appropriate therapeutic or education activities that are part of the child’s treatment plan/care*. \_\_\_\_\_INITIAL***

COMMUNICATION:

It will be important for us to contact you regarding appointments, updates regarding your child’s care and business matters. Please provide us with current and backup contact information. Also if your information changes, please contact the office to allow us to update our files.

 HIPAA regulations require that we obtain specific consent for various forms of communication, which may not be entirely secure**.** Land line to land line is generally considered secure and does not require specific consent.

**PLEASE INITIAL ALL THE FORMS OF COMMUNIATION THAT YOU AUTHORIZE BELOW:**

\_\_\_\_\_Text message from staff cell phone to your cell phone

\_\_\_\_\_Text message from staff cell phone to your child’s cell phone

\_\_\_\_\_Phone call from office phone to your cell phone

\_\_\_\_\_Phone call from staff cell phone to your cell phone

\_\_\_\_\_Phone call from staff cell phone to your land line

\_\_\_\_\_Phone call from staff cell phone to your work/office line

\_\_\_\_\_Email from staff member’s MorningstarCFS email account to an email account that you provided to us

\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CLIENT’S RIGHTS:

As a client of Morningstar Mental Health Clinic you have the right to:

* Confidentiality of records.
* Privacy.
* Freedom from abuse, exploitation, retaliation, humiliation and neglect.
* Timely access to information needed to facilitate decision-making.
* Informed consent or refusal of services, treatment, concurrent services, participation in research, or release of information.
* Expression of choice regarding the composition of the service delivery team.
* Access or referral to legal entities at the client’s expense.
* Access and referral to self-help/advocacy support services.
* Adherence to research guidelines and ethics, if applicable.
* Investigation and resolution of alleged infringement of rights.
* Be free of physical holds (emergency intervention), seclusion, or restraint.
* Be involved in treatment planning, review of the plan, and notification of changes to the plan.
* Be involved in transition planning.
* File grievances without fear of reprisal.
* Obtain copies of the program’s licensing, inspection and accreditation reports upon written request within 30 days.
* Request in writing a review of the client’s file and receive a response within 30 days. Morningstar shall make the determination using current HIPAA guidelines.
* Retain personal property that does not jeopardize the safety of others AND the responsibility to keep all weapons and illicit and licit drugs away from the facility.
* Be informed of all rights, and exercise rights without reprisal in any form, including continued, uncompromised access to services.

Rights should be distinguished from privileges, which may be revoked or revised at any time. Clients may follow the grievance procedure to appeal restrictions placed on privileges. Morningstar shall review these grievances in accordance with the grievance procedures. ***\_\_\_\_\_INITIAL***

You are encouraged to ask questions at any time regarding the process and course of your services. Morningstar Mental Health Services utilizes a collaborative, multidisciplinary treatment team approach that is client-centered and solution focused. Your caregivers meet regularly and may discuss your care. Clinical staff receive clinical supervision at which time your information may be discussed. In addition to the limits of confidentiality stated above, we have detailed information regarding HIPAA rights that are explained in our Notice of Privacy Practices. ***\_\_\_\_\_INITIAL***

REGARDING CHILDREN:

Confidentiality of minors is a special topic. Parents or legal guardians have the right to information regarding minor children with the exception of raw test data or what Federal Law prohibits. It is Morningstar’s practice to consult with a parent or legal guardian before treatment begins in order reach an understanding on this issue. A child’s therapy is a special time when a trusting relationship develops. In order to preserve this trust, the therapist will not routinely share specifics with parents/guardians. Staff talk with parents about areas of strength, concern and/or general feedback and recommendations. If a child is able to understand the issue of confidentiality staff will discuss with him/her the type of information that will be shared with parents. Parents are told immediately if there is any concern regarding a child’s safety. Parent support and involvement in the therapeutic process is very important. ***\_\_\_\_\_INITIAL***

CHARGES:

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. Morningstar staff will fill out forms and provide you with whatever assistance you need to receive the benefits to which you are entitled; however, you are responsible for full payment of the charges. It is important that you find out exactly what mental health services your insurance policy covers. “Managed Health Care” plans such as an EAP, HMO, and PPO often require authorization before they provide reimbursement for mental health services. Thereafter, Morningstar may be asked to send in treatment plans or summaries to gain further authorizations. In such situations, Morningstar will make every effort to release only the minimum information about you that is necessary for the purpose requested. Should you be covered by Medicaid, Morningstar will determine eligibility and authorization of available services through the appropriate approval process. **Signature on this form authorizes payment of benefits directly to Morningstar Mental Health Clinic unless this statement is marked through. *\_\_\_\_\_INITIAL***

\_\_\_\_\_ ***Please initial here to indicate that you have received a copy of the Client Handbook.***

We again welcome you and anticipate that your services with Morningstar Mental Health Services will be a positive experience for you. Please complete the information below and sign where applicable.

Signing this agreement certifies that I have read or have had read to me the above Informed Consent and agree to abide by the terms herein. I wish to obtain services and understand the limits of confidentiality outlined herein.

Name of Person Giving Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to child: ( ) Parent ( ) Legal Guardian ( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Client/Parent/Guardian Date

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 Signature of Client/Parent/Guardian Date

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 Morningstar Staff Printed Name Date

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 Morningstar Staff Signature Date