



Consent to Treatment and Privacy Practices

- I. Consent to Treatment
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This document outlines important information regarding your treatment and our responsibilities as mental health professionals. Please read this carefully and feel free to reach out to your care provider with any questions or concerns.

I. Consent to Treatment:

Nature and Purpose of Treatment

Mental health treatment at Vantage Mental Health may include but is not limited to psychiatric evaluations, psychotherapy, medication management, and other therapeutic interventions. The purpose of treatment is to address mental health concerns, improve coping skills, enhance well-being, and facilitate personal growth.

Confidentiality

Your privacy is important to us. All information shared with your provider is confidential except in certain legal circumstances. These may include suspected child or elder abuse, imminent risk of harm to yourself or others, or a court order. We comply with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws regarding the confidentiality of your health information.

Risks and Benefits

While mental health treatment can be beneficial, it may also involve risks such as emotional discomfort, confronting difficult emotions or memories, or changes in personal relationships. Your provider will discuss potential risks and benefits specific to your treatment plan.

Alternative Treatments

You have the right to be informed about alternative treatments and their risks and benefits. If you have concerns about your treatment plan, please discuss them with your provider.

Voluntary Participation and Right to Withdraw Consent

Participation in treatment is voluntary. You have the right to refuse any treatment, test, or procedure recommended by your provider. You may withdraw your consent for treatment at any time, except where treatment is mandated by law.

Voluntary Treatment and Right to Discontinue Care

Treatment by Vantage Mental Health is voluntary. Vantage Mental Health reserves the right to discontinue care. Reasons for discontinuing care could include the inability to provide the appropriate resources, alternative care being more appropriate or inability to deliver effective care due to patient adherence with visit or treatment recommendations. If care is to be discontinued you will be provided notice, resources, and a care plan at time of determination.

Emergency Procedures

Vantage Mental Health is an outpatient mental health clinic and does not provide 24/7. In case of an emergency, please call 911 or go to the nearest emergency room. We are available during business hours for urgent matters. If you need assistance after hours, please follow the instructions provided by our office.

Consent and Privacy Rights for Minors Aged 16 and Over:

We recognize and respect the rights of minors aged 16 years and over to consent to their own mental health treatment and to have privacy in their healthcare decisions. According to applicable laws and regulations, minors who are 16 years or older may independently consent to mental health services, including counseling and therapy.

We are committed to maintaining the confidentiality and privacy of all our clients, including minors aged 16 years and over. Information about their treatment will not be disclosed to parents or guardians without the minor's consent, except as required by law or in situations where there is a risk of harm to the minor or others.

Consent To Call and Text

I consent to Vantage Mental Health to contact me via phone calls and text messages for the purposes of appointment scheduling, reminders, follow-up communications, and other relevant information pertaining to my care. I understand that these communications may be sent to the phone number(s) I have provided and that standard messaging rates may apply. I acknowledge that I can revoke this consent at any time by providing written notice to my healthcare provider.

Consent to be recorded for Dictation

I consent to Vantage Mental Health to record our sessions for the purposes of medical dictation, documentation, and treatment planning. I understand that these recordings will be used solely for clinical purposes and will be stored securely in compliance with privacy regulations. I acknowledge that I can revoke this consent at any time by providing written notice to my healthcare provider.

Medication History Authority

I consent to Vantage Mental Health to obtain and review my medication history from my healthcare providers, pharmacies, and other relevant sources for the purposes of treatment planning and care coordination. I understand that this information will be used to ensure the safe and effective management of my health. I acknowledge that I can revoke this consent at any time by providing written notice to my healthcare provider.

Secure Messaging

I acknowledge that Vantage Mental Health requires the use of the secure patient portal for all communication with my healthcare provider. I understand that this is the only secure platform approved by the clinic for sharing confidential information, scheduling appointments, requesting prescription refills, and discussing treatment-related matters. I agree to use the patient portal for these purposes to ensure the privacy and security of my health information. If I need assistance accessing or using the portal, I will contact the clinic for support.

II. HIPAA Privacy Policy:

At Vantage Mental Health, we are committed to maintaining the privacy and confidentiality of your protected health information (PHI). This policy outlines how we safeguard your PHI in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws.

Protected Health Information (PHI)

PHI includes information that identifies you and relates to your past, present, or future physical or mental health conditions, treatment received, and payment for healthcare services. This may include demographic information, medical history, test results, insurance information, and other health-related data.

Uses and Disclosures of PHI

We use and disclose your PHI for purposes of treatment, payment, and healthcare operations, including but not limited to:

- **Treatment:** Sharing information with healthcare providers involved in your care.
- **Payment:** Billing and processing insurance claims.
- **Healthcare Operations:** Quality improvement activities, training of staff, and compliance audits.
- **Mandated Reporting:** As mental health professionals, we have a legal and ethical duty to report certain situations involving suspected abuse, neglect, or exploitation of vulnerable individuals.
- **Additional Legal Requirements:** Upon being legally compelled to provide information we are required to comply.

Requests of PHI

To ensure the most appropriate and effective care we may request your health information for other healthcare providers also involved in your care

Your Rights Regarding PHI

You have the following rights regarding your PHI:

- **Right to Access:** You can request access to inspect and obtain copies of your PHI.
- **Right to Amend:** You may request amendments to your PHI if you believe it is inaccurate or incomplete.
- **Right to Restrict Disclosure:** You can request restrictions on how your PHI is used and disclosed.
- **Right to Request Confidential Communication:** You may request to receive communications of PHI by alternative means or at alternative locations.
- **Right to Receive an Accounting of Disclosures:** You have the right to request a list of certain disclosures of your PHI.

Security Measures

We maintain administrative, physical, and technical safeguards to protect your PHI from unauthorized access, use, or disclosure. These safeguards include staff training, secure electronic systems, encryption of data, and controlled access to physical records.

Breach Notification

In the event of a breach of unsecured PHI, we will notify you as required by law. This notification will include information about what happened, what you can do to protect yourself, and steps we are taking to mitigate the breach.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Changes to this Policy

We reserve the right to modify this HIPAA Privacy Policy at any time. Updated policies will be posted on our website and made available upon request.

Contact Information

For questions or concerns regarding this HIPAA Privacy Policy or to exercise your rights, please contact our Privacy Officer Justin Gerstner at info@vantagementalhealth.org

III. Mandated Reporting Responsibility:

I acknowledge that Vantage Mental Health has a legal and ethical duty to report certain situations involving suspected abuse, neglect, or exploitation of vulnerable individuals.

Vantage Mental Health has internal processes and procedures for mandated reporting to ensure the safety and well-being of our patients. If you have specific questions about the criteria for mandated reports, please talk to your health care professional or contact the Department of Health and Human Services.