



CONSENT FORM

Confidentiality: Information you provide during assessment and ongoing treatment sessions with your behavioral health provider are part of an electronic medical record (EMR) at Behavioral Health Specialists of CGH. Other Comprehensive Gastrointestinal Health providers, such as your gastroenterologist, nurse practitioner or dietician, have access to the notes written about these sessions. Sharing information about your care helps your providers work as a team, in order to help improve your physical and mental health. Specific, sensitive details from your behavioral health sessions will not be a part of the EMR. Additionally, you have the right to request that specific information that you share with your behavioral health provider about your background and ongoing care be kept confidential and not included in the EMR.

The only exceptions to confidentiality are: 1) disclosures that you sanction, such as to an insurance company; 2) disclosures because of a risk of harm to self or other; 3) disclosures because of a suspicion that a child is being abused or neglected; 4) disclosures to collect overdue fees; and 5) disclosures required in the case of legal claims. In all cases your behavioral health specialist will limit information disclosed only to what is necessary.

Consent to Treatment: By signing this document, you are consenting to undergo the treatment procedures necessary to address the problems and issues for which you are seeking help. No guarantees have been made to you regarding results of assessment, consultation, or treatment.

You have the right to be informed of the nature and purpose of any procedure and you can refuse or discontinue treatment at any time.

I signify that I have discussed my questions and consent to treatment.

Patient Signature: _____ Date: _____

Print Name: _____

