# informed consent



## Introduction.

Welcome to **New Phase Navigation, L.L.C**! This document contains important information about our professional services and business policies. It also contains information about the health information portability and accountability act. This is a law that provides privacy protections and patients right about the use of your protected health information. When you sign this document it will represent an agreement between us and we can discuss how you can release information to another party

# Understanding this Document.

Our services create a relationship between our staff and clients that work because of clear rights and responsibilities held by each person. As a client at New Phase Navigation you have certain rights that you should be aware of and it is a shared responsibility to ensure that you understand these.

## Goals of Our Services.

The goal of counseling, caregiving, and case management are to improve your interpersonal relationships, live with integration of your values and behaviors, and decrease symptoms such as anxiety. We strive for our clients to develop healthy relationships between their care providers, their families, and the important support people in their lives.

#### Counseling Services

If you are receiving counseling services, you will sign Practice Policies specifically regarding the counseling services you intend to receive.

#### Caregiver Services

The purpose of caregiver services is to allow you or your loved one to live in your home, knowing that you have physical and mental support for your day-to-day needs.Our goal is to keep both the body, mind, and spirit engaged in the act of living and ensure that all parts are utilized and strengthened on a daily basis. We offer competent caregivers who can adhere to the unique needs of the individual client.

#### Case Management Services

Our case management services are designed to identify your health care needs and address them through an individualized plan of care. These services attempt to respond to the broad range of physical, emotional, and social needs that adults with complex care needs may encounter. We focus on facilitating access to medical care and other critical services. We promote dignity and self-affirming choices through advocacy and support for personal and community goals.

#### Appointments.

Appointments for case management and caregiver services will typically be 60 minutes in session. Your case manager will check in with you once a week either in person, e-mail, phone call, or text message to ensure that you are both up to date on your plan of care.

## Cancellations.

We ask that if you need to cancel a caregiver or case management session that you provide 24 hour notice. This will allow us to accommodate other clients that we are working with.

## Confidentiality.

We will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign an authorization to disclose information.

#### Mandated Reporting

As mandated reporters, your counselor, caregiver, or case manager might come across a situation that would limit confidentiality. If this happens you'll be made aware unless there is reason to believe that your knowledge of this would cause imminent harm to yourself or those around you. We are required by law to release information when a client poses a risk to themselves or others and in the cases of abuse to children or the elderly or incapacitated. If you have questions about this, you can talk about it in depth with any of the new phase navigation staff members.

# Legal Proceedings.

I understand that information discussed in sessions is for therapeutic purposes and is not intended for use in any legal proceedings. I agree not to subpoena New Phase Navigation, L.L.C. to testify on my behalf or to provide records in a court action.

#### Records.

Your case manager, personal caregiver, and counselor will keep records of your sessions and treatment plan. These records are kept to ensure a

direction to your care and ensure continuity of service. They will not be shared except with respect to limits to confidentiality. If you would like to have your records released, you're required to sign a release of information as to what specific information is to be released and to whom. Records will be kept on file for seven years.

## Billing.

When I receive services from New Phase Navigation, you take on a personal obligation and responsibility for your account and agree to all payment of services as documented in your contract.

## Communications.

Our telephone is answered by a confidential voicemail that is monitored by the New Phase Navigation owner and lead case manager. You may text your case manager or caregiver as a form of communication, but be aware of the operating hours of New Phase Navigation as you might not receive a response if sending a text message outside of business hours.

## Grievance Procedure.

If at any time you are dissatisfied with your treatment, please discuss your concerns with us directly so we can work together to resolve them. If, after doing so, you would like a referral to a different agency, we would be happy to assist you.

By signing below, I agree to accept services from New Phase Navigation and accept full responsibility for payment for such services, if applicable.

Signature of Participant

Printed Name of Participant

Signature of Authorized Agent

Printed Name & Relationship to Participant

Date