



## INFORMED CONSENT TO TREAT

Dear Canvas Health Client,

This Informed Consent is not intended to be all inclusive for aspects of your behavioral health treatment. It is only intended to provide some useful information before deciding to engage in behavioral health treatment.

1. Your behavioral health provider will give you a clear recommendation for treatment interventions proposed
2. Your behavioral health provider will give you a clear recommendation of the types of treatments, such as individual counseling/therapy, group counseling/therapy, family/couples counseling/therapy, addictions counseling, skills services (for children or adults), and/or psychiatric services. Times, dates, and session length will be discussed with you by your provider.
3. Your behavioral health provider may make diagnostic and treatment recommendations with which you do not agree (e.g. modality of treatment, duration of treatment, frequency of visits, etc.)
4. Your provider cannot guarantee results (e.g., less depressed, improved marital satisfaction, etc.) of behavioral health services. However, your behavioral health provider will discuss with you reasons, goals, and objectives for continuing/discontinuing mental health treatment. It is important to periodically review with you how services are going and to discuss any changes or questions you may have.
6. There may be some risks in participating in mental health or substance use services, including, but not limited to: addressing painful emotional experiences and/or feelings; being challenged or confronted on a particular issue; re-uniting with family members; or being inconvenienced due to costs/fees of counseling. You can discuss any unforeseen risks vs. benefits with your provider at any time. In the case of psychiatric care, medications, side effects, and alternative treatments will be discussed.
7. You have the right to an interpreter (sign or language) if necessary.
8. For crisis services call the National Suicide Prevention line at 1-800-273-8255, Crisis Text Line at 741741; in the Twin Cities metro area, call \*\*CRISIS (274747) from a cell phone. Your provider will discuss with you how to access this service. For life threatening emergencies, please call 911
9. If you have a grievance with your behavioral health provider, you are encouraged to first attempt to communicate this directly to them. In the event that your grievance is not satisfactorily resolved, you may ask to speak with a supervisor and /or you may complete a customer complaint/grievance form.
10. While you are agreeing to undergo behavioral health treatment you may end treatment at any time.
11. For children of divorced or separated parents, if there is disagreement between the parents this must be discussed at the first session. The parent requesting or arranging services, must have the legal right to authorize care and treatment of the child, and will be responsible for payment. Documentation of legal agreements may be required. Our services billed as a medical service are focused on treating the presenting mental or substance use issues and not focused on assessing parenting capacity or documenting disputes between parents.
12. If you wish to file a grievance you may speak with the supervisor of the person you have a complaint about or the Director of Quality Management at 651-251-5222, in addition you have the right to file a complaint with a licensing board or the Ombudsman. Numbers are posted at every office or on our website at [canvashealth.org](http://canvashealth.org).
13. The complete Patient Bill of Rights is posted at every office or available on our website at [canvashealth.org](http://canvashealth.org).
14. You have the right to know the fees for services provided.
15. Mandated Reporting:

Examples of legal disclosures include but are not limited to:

- Suicide or Homicide: if you are assessed to be a danger to yourself or others; cannot guarantee your physical safety against the intention of suicide or fatal harm to others; and/or have immediate suicidal plans, this information is not considered to be confidential. Actions may be taken to ensure your safety.
- Child abuse/neglect: Minnesota State Law requires your provider to report to the appropriate authorities (i.e. Child Protective Services) any suspicion or evidence of child abuse or neglect. This law also applies to past incidents of abuse or neglect.



# canvas HEALTH

7066 Stillwater Boulevard North, Oakdale, MN 55128-3937

- Elder abuse/neglect: Minnesota State Law requires your provider to report to the appropriate authorities any suspicion or evidence of elder abuse/neglect.

By signing below, I affirm that I have reviewed and have been offered a copy of Canvas Health's Informed Consent to Treatment including fee information, and am aware that I may request a copy at any time, or view/download it on the Canvas Health website at [www.canvashealth.org](http://www.canvashealth.org).

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Client/Guardian Signature (if client under 18)

\_\_\_\_\_  
Date



## COORDINATION OF CARE

### A Notice about Coordination of Care with Your Doctor

For a long time, we have been aware that a person's mind and body affect each other. We consider it to be good care to coordinate between behavioral health providers and physicians who are involved in treating you.

It is especially important for us to contact your physician if:

- You have a serious or chronic illness, which may affect your mood or thoughts.
- You are receiving any medication from your physician, especially those which are used to help your mood or help you sleep.
- Your physician is the person who suggested you to see us.
- You are prescribed medications at Canvas Health.

We ask new clients at Canvas Health for permission to contact their family physician for the purposes of coordination of your care. If you do not want us to do so, you may say no.

Please check the appropriate box:

- I give permission for Canvas Health to contact my physician about my receiving care at Canvas Health.  
(Please complete a ROI)
- I do not want to have my physician contacted.
- I have no family physician.

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Client/Guardian Signature (if client under18)

\_\_\_\_\_  
Date



## UNSECURE DATA CONSENT

You have requested to communicate with Canvas Health by non-secure electronic data route. Non-secure electronic data route can be defined as but, not limited to non-secure email and/or texting. While exercising your rights under 45 CFR 164.524(c)(2)(i), Canvas Health requires that you understand the risks and conditions associated with sending non-secure electronic data containing your private health information. You must read and agree to the following risks and conditions of electronic data communication.

### 1. Risk of Using Electronic Data Communication

We caution clients from communicating by electronic data communication which includes but, may not be limited to emails and texting. Transmitting non-public information data by electronic data communication has a number of risks that must be considered. These include, and are not limited to:

- Electronic data can be circulated, forwarded, and stored in numerous paper and electronic files.
- Electronic data can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Electronic data senders can easily misaddress an Email or text message.
- Electronic data is easier to falsify than handwritten or signed documents.
- Backup copies of electronic data may exist even after the sender or recipients have deleted their copy.
- Employers and on-line services have a right to archive and inspect electronic data transmitted through their systems.
- Electronic data can be intercepted, altered, forwarded, or used without authorization or detection.
- Electronic data can be used to intentionally or unintentionally distribute a virus, which can destroy or harm electronic systems and electronic data.

### 2. Conditions for the Use of Electronic Data

Canvas Health will use reasonable means to protect the privacy of electronic data being sent and received. Because of the risks outlined above, we cannot guarantee the privacy of electronic data communication.

Therefore, individuals electing to receive non-secure electronic data must consent to the use of non-secure electronic data transmission. Consent to the use of non-secure electronic data transmission includes agreement with the following conditions:

- All electronic data may become part of the client's record either in its entirety or as a summary. Because they may become part of the record, other individuals authorized to access the record may also have access to the electronic data.
- As necessary to provide service and to secure reimbursement we may forward electronic data internally to other Canvas Health staff and to those to whom you have authorized release of information. We will not forward non-public electronic data to independent third parties without your prior written consent except as authorized or required by law.
- Although we will try to read and respond promptly to electronic data, we cannot guarantee that any particular electronic data will be read and responded to within any particular period of time. Therefore, you should not use electronic data communication for emergencies or other time-sensitive matters.
- If your electronic data communication requires or invites a response from us and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic data and when the recipient will respond.
- You should not use non-secure electronic data transmission for communication regarding sensitive medical, mental health, or chemical health information.
- You are responsible for informing us of any types of information that you desire not to be sent by non-secure electronic data transmission in addition to those listed in the above sentence.
- You are responsible for protecting your password or other means of access to electronic data. We are not liable for breaches of privacy caused by you or any third party.

3. Communicating by Electronic Data Transmission

To communicate by electronic data transmission, you will:

- Avoid the use of your employer's computer or other computers, easily assessable to others.
- Inform us of changes in your electronic data address(es).
- Avoid placing any private information on the subject line.
- Review the electronic data to make sure that it is clear and that all relevant information is provided before sending to us.
- Take precautions to preserve the privacy of electronic data such as using and safeguarding your computer passwords or access codes.
- Withdraw consent for non-secure electronic data communication only through written communication to us.

Acknowledgment and Agreement

I acknowledge that I have read and fully understood this consent form. I understand the risks associated with the communication of non-secure electronic data transmission between Canvas Health and me and consent to the conditions outlined herein. I agree to the instructions for communicating by non-secure electronic data transmission as outlined here, as well as any other instructions that Canvas Health may impose to communicate using non-secure electronic data transmission. I agree that because of my written agreement that use of non-secure electronic data transmission to communicate with me concerning non-public data is a reasonable and proper way to communicate with me.

I wish to communicate by:  E-Mail  Text

Client or Parent Email Address: \_\_\_\_\_

Client Cell: \_\_\_\_\_

Minor Client

The minor child (between 13 to 17 years old) may communicate through texting or emailing. I understand that they may struggle to understand consent and ramification of email and texting.:

\_\_\_\_\_ I give permission for my child to communicate via text or email.

Minor Client Email Address: \_\_\_\_\_

Minor Client Cell Phone: \_\_\_\_\_

\_\_\_\_\_ I do not wish for my child to communicate via text or email.

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Client/Guardian Signature (if client under 18)

\_\_\_\_\_  
Date