

Texas Military Department Counseling Program
Couples & Family Informed Consent for Treatment

Overview: The Texas Military Department Counseling Program provides short-term clinical services to Texas National and State Guard Service Members. The Texas Military Department Counseling Program staff is independently licensed by state licensure boards to provide professional behavioral health services. They establish a professional relationship between themselves and the Service Member by providing clinical services that may include counseling, assessment, diagnosis, goal setting, crisis management, referral, case management and/or consultation. These services may be offered in an office or by Telehealth services include video conferencing. Couples and family therapy works best when the focus of therapy is on your relationship(s). In order to maintain fidelity to you and to your relationship, Texas Military Department Counseling Program must have the Service Member and included participants e.g. spouse/partner and/or adult family members consent to the following agreements.

Client Rights and Responsibilities:

1. To be treated fairly and with respect
2. To withhold or withdraw consent at any time
3. To stop therapy services at any time
4. To request referral to another counselor
5. To review my chart (following agency procedures)
6. To attend and participate in all scheduled counseling sessions
7. To treat the counselor fairly and with respect

Attendance Policies: The Texas Military Department Counseling Program strives to exceed the expectations of all our Service Members--we are dedicated to providing you with the best care and services possible. We also strive to meet your needs by providing convenient appointment times for in-person or video sessions. Appointments typically last for a “therapeutic hour” of 50-60 minutes. When we schedule an appointment, that time is reserved specifically for you and attendance, as well as arriving on time, for all scheduled appointments is considered important to the successful course of counseling. If there is a need to cancel or reschedule an appointment, we ask that you give **24 hours’** notice. When sufficient notice is not given, it does not give us sufficient time to contact another client who might benefit from the now vacant appointment time. If you encounter consistent scheduling difficulties, please discuss this with your counselor to help identify a solution. If there are **two** instances of failure to provide sufficient notice or arrival to session is 15 minutes or more late, please be aware that this could result in termination from Texas Military Department Counseling Program services. The Service Member must also be present in **all** of the couples or family counseling sessions in order maintain services.

The Counseling Process, Benefits and Risks: Effective counseling can improve your ability to handle or cope with marital, family, and other interpersonal concerns. Some of the benefits of counseling may include, but are not limited to, increased maturity, improved self-esteem, and increased personal happiness. Additional benefits of counseling may be seen when specific problems or symptoms are resolved. In working to achieve these potential benefits, however, counseling will require you to make efforts to change, and may at times lead to significant emotional discomfort. Remembering and resolving unpleasant events can arouse intense feelings of fear, anger, depression, frustration, and the like. Seeking to resolve interpersonal or relationship problems between family members, marital partners, and other persons can similarly lead to some discomfort, as well as changes in the relationships that were not originally intended. It is important to realize that sometimes relieving anxiety or pain means temporarily increasing the anxiety and pain. It is important to inform your counselor of such experiences so that they are aware and can help you to manage the process. Couples and family therapy may only be effective in cases where all participants put in a good faith effort to work on their problems and their relationship. Deliberate dishonesty or deceit, unwillingness to introspect and take responsibility for one’s actions, or lack of interest and motivation to engage in the couples or family therapy process by one or all participants will undermine the therapy.

Regarding legal or forensic-related requests for treatment, the Texas Military Department Counseling program does not provide any type of specialized counseling services. Concerning legal or related proceedings, including those related to divorce or child-custody, the Texas Military Program will release information with a court subpoena. Additionally, the Texas Military Counseling Program does not complete certain documentation or evaluations, such as but not limited to VA claims, military separation, or determination of fitness for duty. Regarding general access to treatment records, a client may request part or all their records to be used at their own discretion.

Termination and Continuation of Care: The continued participation in couples and family therapy by each participant is voluntary and generally intended for short-term treatment, about 6 months or less unless determined clinically necessary to continue care. Each participant may suspend or terminate the therapy at their individual request. Both you and your counselor reserve the right to transfer/terminate services at any time. Such reasons may include but are not limited to treatment goals have been achieved, Texas Military Department Counseling Program is unable to appropriately meet the client’s needs, client does not adhere to responsibilities outlined in this consent, etc. Upon termination of services, counselor will attempt to facilitate a discharge plan with client, including aftercare recommendations and referrals to external providers if needed. Even after terminating from services, access to the 24/7 Counseling Line at 512-782-5069 remains available to Service Members.

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Therapeutic Relationship and Contact Outside of the Office: The client-counselor relationship is a purely professional one in which appropriate boundaries are maintained, despite the fact that close emotional bonds may develop over the course of treatment. As such, your counselor cannot be involved in a social relationship with you. Additionally, we will not accept invitations to weddings, birthdays, social media accounts, etc. If we run into each other in the community, we typically will not acknowledge you to maintain confidentiality. Because Texas Military Department Counselors' offices are placed within military installations, we may often cross paths with you at work. In those cases, we may acknowledge you by rank or professional job title but will not publicly disclose your participation in counseling services.

Notice of Privacy Practices: The Texas Military Department Counseling Program is committed to keeping medical, mental health, and substance use records protected and confidential under state and federal laws, regulations, and ethical mandates (including, but not limited to, 5 U.S.C. 7361, 7362, 7901, and 7904, 44 U.S.C. 3101, Privacy Act of 1974, and NGB Directives and Instructions*). This notice is being provided to you as a requirement of the Texas Health and Safety Code, Title 7., Subtitle E., Chapter 611. Mental Health Records and two federal laws: the Health Insurance Portability and Accountability Act (HIPAA) 42 U.S.C. §1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 U.S.C. §290dd-2, 42 CFR Part 2 ("Part 2"). We reserve the right to change the terms of this notice and will post the revised notice and, upon your request, we will give you a copy of the revised notice. The new notice would be effective for any health information that we hold at that time or receive from that time on.

Your Rights Regarding your health information

- **Confidential Communications:** You may ask that we communicate with you in a particular way, or at a certain location, such as calling you at work rather than at home, to maintain your confidentiality. We cannot guarantee confidentiality when communicating via text or email.
- **Requesting Records:** You have the right to review or receive a copy of the information in your record, when you submit a written request. Under limited circumstances we may deny access to the record, or to portions of the record (for instance, if disclosing the information would endanger you or someone else); you may submit a written request for a review of that decision.
- **Requesting Addendum:** You have the right to request that we amend the records by submitting a request in writing that provides your reason for requesting the amendment. We may deny your request to amend a record; you may submit a written request for a review of that decision.
- **Requesting Restrictions:** You may request, in writing, that we limit our use or disclosure of your health information. We are not required to agree to your request, but if we do agree to it, we will honor your request except when specifically authorized by you, when required by law or in an emergency.

When you attend couples or family therapy sessions, you as a couple or family are considered to be "the client" and your mental health records therefore belong to all participants in treatment. This means that we will need a written authorization to disclose records from all adult participants in order to disclose any information from your record to a third party. If one adult participant does not provide consent, records will not be released.

How we will use and disclose your health information

Disclosure of records shall be prohibited except with the written consent of the Service Member or as otherwise authorized by law and/or Department of Defense instruction. When the Service Member gives prior written consent to release information, this release specifically indicates the nature and scope of topics to be released, to whom information is to be released, the purpose of the disclosure, and the date on which the consent terminates. With your signed authorization to disclose information**, we may use and disclose mental health, medical and substance use information about you:

- For treatment to manage or coordinate your services and/or continuity of care with your referring Provider.
- For an emergency contact.

**If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

We may use or disclose healthcare information about you *without* your prior authorization for other certain situations per state, federal and Department of Defense requirements. Possible exceptions that mandate release of information are as follows:

- For suspicion of child, vulnerable adult or elder abuse or neglect.
- If a client poses a danger to self or others.
- If there is the possibility of serious risk to mission.
- The disclosure is made to medical personnel in a medical emergency.
- Case consultation with another licensed professional in the department.
- For program audit or evaluation, operations and/or reporting treatment outcomes with minimal PHI.
- In connection with lawsuits or other legal proceedings in response to a valid court order or subpoena.

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Service Member Requirement for Self-Reporting and Provider Mandated Command Notification

Service Members may be required or mandated to self-report information to a military health care provider or commander. The Service Member is responsible for determining their need to self-report. This is independent of the mandated reporting responsibilities of military treatment providers such as the Texas Military Department Counseling Program. *Department of Defense Instruction (DODI) 6490.00 requires that the provider report to command any serious risk of harm to self or others and any clinical determination of serious risk to mission. DODI 6490.00 does not replace state and federal laws and regulations regarding confidentiality but does supersede elements of the laws and regulations. Every effort will be made to review with the Service Member intention to notify command prior to the notification. Ideally, the notification will be completed in collaboration with the Service Member. To maintain the greatest amount of confidentiality possible, only the minimum of required information will be released to command. This information, however, may include diagnosis, specific symptoms and legal involvement or other information deemed as clinically necessary to meet the mandate.

No Secrets Policy

When a couple or family enters into counseling, they are considered to be one unit. Our priority is to treat the couple or family to promote creating a shared, safe space and not to treat any partner or family member as an individual client. Therefore, we adhere to a strict “No Secrets” policy. This means your counselor will not hold secrets for any partner or family member. This policy is intended to allow your counselor to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. On occasion during the couples or family therapy process, a Service Member may desire to address a need within a context of individual confidentiality, the counselor will be happy to provide referrals to external counseling providers who can provide concurrent individual therapy.

Treatment Including Minors: Treatment including a child or children under the age of 18 (who are not emancipated) in family counseling will only be provided with the permission of a legal guardian or conservator. It is required by our State Licensing board that we keep a copy of the current divorce decree or custody order stating who has the authority for making mental health decisions for a minor. Therefore, we must receive a copy of the relevant documentation prior to beginning family counseling. If more than one parent has legal authority to make mental health decisions for a minor but only one of the parents is participating in family counseling involving said minor, written consent must be obtained by the other parent as well before beginning treatment.

Telehealth Service Considerations:

1. There can be partial or complete failure of equipment.
2. No permanent video or voice recording is kept of the Telehealth Services session.
4. Video conferencing can only be initiated by the Texas Military Department Counselor.
5. Email and text may be considered part of your medical record.
6. Telehealth Services may not be as complete as face-to-face services.
7. Texas Military Department Counselors will do their due diligence to ensure privacy of Telehealth sessions. Clients are expected to do their best to ensure they are in a safe and private environment for Telehealth sessions, i.e. not driving during sessions and being in a space with minimal distractions.
8. If the Texas Military Department Counselor believes the client would be better served by face-to-face services, the client will be referred to a mental health professional who can provide such services in their area.
9. Certain situations, including emergencies and crises are inappropriate for Telehealth Services sessions. Please contact 988, 911, or visit the nearest Emergency Room if a crisis arises.
10. Instant access to a counselor is not available by email or text services. Telehealth Services and contact via email and/or text are only available during normal business hours, unless other arrangements are specifically made with the Texas Military Department Counselor.
11. Email and text is not a forum for discussing very serious issues or counseling. Therefore, expect brief responses from us until we can talk during your next session. Texting and email should be reserved for appointment updates or minimal communication.
12. The 24/7 TMD Counseling Line, 512-782-5069, does not accept text nor have caller ID. Please leave a voicemail with your name **and** phone number.

Electronic Communication:

It may be necessary for you and your counselor to communicate through telephone, text or email. Regarding consent for contact, please select one of the following options:

I consent to all electronic communication (email, text, voicemail). I agree to confidential information including that which falls under HIPAA to be left in messages. Exceptions to my consent for electronic communication are as follows:

I do not consent to electronic communication.

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NOTICE TO CLIENTS

Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology.

Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint.

Please call 1-800-821-3205 for more information

Texas Behavioral Health Executive Council
George H.W. Bush State Office Building 1801 Congress Ave., Ste. 7.300 Austin, Texas 78701
<https://www.bhec.texas.gov/discipline-and-complaints/index.html>
Main Line (512) 305-7700

If you believe that your rights have been violated, please contact the Texas Military Department Counseling Program Manager, the Texas Behavioral Health Executive Council or the Office of Civil Rights. Your services will not be affected in any way if you file a complaint.

To file a complaint with the Office of Civil Rights, call or write: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave. SW, Washington, DC 20201 or toll-free phone 1-877- 696-6775.

We, the client, have read, understand, and consent to the above terms for counseling and agree to initiate clinical treatment with the Texas Military Department Counseling Program.

Our signatures below also indicate that we have read the notice of privacy policies included in this consent form and that we have been provided an opportunity to ask questions about the program's privacy practices as they pertain to our protected health information.

_____, DOB: _____
(Print Name of Service Member, D.O.B.)

_____, _____
(Signature of Service Member, Date Signed)

_____, DOB: _____
(Print Name of Family Member, D.O.B.)

_____, _____
(Signature of Family Member, Date Signed)

_____, DOB: _____
(Print Name of Family Member, D.O.B.)

_____, _____
(Signature of Family Member, Date Signed)

_____, DOB: _____
(Print Name of Family Member, D.O.B.)

_____, _____
(Signature of Family Member, Date Signed)

_____, _____, _____
(Print Name of Texas Military Department Counselor, Credential, Date Signed)

(Signature of Texas Military Department Counselor, Credential, Date Signed)