Texas Military Department Counseling Program

Couples & Family Informed Consent for Treatment

*This consent form ***must*** be completed and returned to Counselor ***24 hours prior*** to your scheduled session in order to commence treatment

Overview: The Texas Military Department (TMD) Counseling Program provides clinical services to Texas National and State Guard Service Members (SM). The TMD Counselors are independently licensed by state licensure boards to provide professional mental health services. Clinical services may include counseling, assessment, diagnosis, goal setting, crisis management, referral, case management and/or consultation. Services may be offered in an office, public venue, or by Telehealth. 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, TMD Counseling Program must have the SM and included participants, e.g. spouse/partner and/or adult family members consent to the following agreements.

Attendance Policies: Appointments typically last for a "therapeutic hour" of 50-60 minutes. When we schedule an appointment, that time is reserved specifically for you and prompt attendance 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 at least **24 hours'** notice. 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 TMD Counseling Program services. The SM must be present in **all** of the couples or family counseling sessions to 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 while enhancing your own awareness of personal needs, feelings, and goals. Additional benefits of counseling may include, but are not limited to increased maturity, improved self-esteem, reduced symptoms, and increased personal fulfillment. In working to achieve these potential benefits, however, counseling may require you to make efforts to change, remember unpleasant events, and at times lead to significant emotional discomfort. It is important to realize that sometimes relieving distress means temporarily increasing distress. Please inform your counselor of such experiences so that he or she is 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 TMD Counseling Program does not provide any type of forensic counseling services. In the event of legal or related proceedings, including those related to divorce or child-custody, the TMD Counseling Program will only release information with a judge-signed court order. Additionally, the TMD 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.

Termination and Continuation of Care: TMD Counseling services are voluntary and generally intended for short-term treatment, about 6 months or less unless determined clinically necessary to continue care. Services may be utilized more than once. However, if the cumulative treatment time surpasses one year, then referral to an outside provider for continued care may be discussed with your counselor. 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 being achieved, TMD Counseling Program is unable to appropriately meet the client's needs, or client does not adhere to responsibilities outlined in this consent. Upon termination of services, counselor will attempt to facilitate aftercare recommendations and referrals to external providers if needed. Even after terminating services, access to the 24/7 Counseling Line at (512)782-5069 remains available to SMs while they are in the Texas National and State Guard.

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 potential for close emotional bonds to 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 TMD Counselors' offices are placed within military instillations, 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 TMD 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, and the Privacy Act of 1974). 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; 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, will post the revised notice, and at your request will give you a copy of the revised notice. The new notice

would be effective for any health information held at that time or received after that time.

Your Rights Regarding Your Health Information

- Confidential Communications: You may ask that we communicate with you in a particular way, such as calling you at work rather than at home, to maintain your confidentiality. Electronic communications such as email, text, or Telehealth platforms may not be secure. We cannot guarantee privacy, HIPAA compliance, or protection against interception by unauthorized parties. Email and text may also be considered part of your medical record
- Record Keeping: Client records are required to be kept for a minimum of seven (7) years after the date of termination of services with an adult client or five (5) years after a minority client reaches the age of 18 years, whichever is greater in duration.
- Requesting Records: Client records are maintained by the TMD Counseling Program and not property of individual counselors. In the event of the counselor's death, incapacity or termination from TMD employment, the client's records remain within TMD Counseling. You have the right to review or receive a copy of the information in your record. To request your records, submit a written request to the custodian of records at ng.tx.ng-sg.mbx.tmd-counseling@army.mil. Once you have completed a Release of Information and submitted this written request, the custodian of records has up to 15 calendar days to provide your requested information. Under limited circumstances we may deny access to the record, or 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 couple or family mental health records therefore belong to *all* participants in treatment. This means that we will need 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 SM or as otherwise authorized by law. When the SM 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. 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.
- The disclosure is made to medical personnel in a medical emergency.
- For program case consultation, audit or evaluation, operations and/or reporting treatment outcomes with minimal PHI.
- If client discloses that sexual exploitation by a mental health services provider has occurred.
- In connection with lawsuits or other legal proceedings in response to a valid judge-signed court order.

Service Member Requirement for Self-Reporting

SMs may be required or mandated to self-report information to a military health care provider or commander. The SM is responsible for determining their need to self-report. The TMD Counselors are not mandated to notify command of any information disclosed by SM. However, you have the option to provide someone in your chain of Command as an emergency contact if/when a mental health or medical emergency arises in session.

☐ I do not consent to provide my Command information.

☐ I consent to provide my Command information as an emergency contact. If yes, list command contact information (rank, name, and phone number): _____

No Secrets Policy

When a couple or family enters into counseling, they are considered to be one unit. Our priority is 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 SM 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 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 the 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 the minor but only one of the parents is participating in family counseling involving said minor, written consent must be obtained by the other parent 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.
3. Video conferencing can only be initiated by the TMD Counselor.
4. Telehealth Services may not be as complete as in-person services. If the TMD Counselor believes the client would be better served by in-person services, the client will be referred to a local mental health professional.
5. Clients are expected to do their best to ensure they are in a safe and private environment for Telehealth sessions, i.e. being in a space with minimal distractions and not driving during sessions.
6. Emergencies and crises are inappropriate for Telehealth Services sessions. Please contact 988, 911, or visit the nearest Emergency Room if a crisis arises.
7. Instant access to a counselor is not available by email or text services. Services and communications are only available during normal business hours, unless other arrangements are specifically made with the TMD Counselor.
8. Email and text are not a forum for discussing serious issues or counseling. Texting and email should be reserved for appointment updates or minimal communication. Therefore, expect brief responses from us until your next session.
9. The TMD Counseling Line doesn't accept text nor caller ID - leave a voicemail with your name ***and*** phone number.

Electronic Communication:

Regarding the consent for electronic communications, 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. However, exceptions to my consent for electronic communication are as follows: ☐

☐ I do not consent to electronic communication.

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 with an opportunity to ask questions about the program's privacy practices as they pertain to our protected health information.

Print Name of Service Member, D.O.B. Signature of Service Member, Date Signed

Print Name of Family Member, D.O.B Signature of Family Member, Date Signed

Print Name of Family Member, D.O.B Signature of Family Member, Date Signed

Print Name of Family Member, D.O.B Signature of Family Member, Date Signed

Print Name of Texas Military Department Counselor, Credential(s)

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