

ELIZABETH CONWAY WILLIAMS, PH.D.
Behavioral Health Consultant
Licensed Psychologist

Patient #: _____
Hendersonville Pediatrics, PA
600 Beverly Hanks Centre
Hendersonville, NC 28792
Phone: (828) 693-3296 / Fax: (828) 696-3530

PATIENT CONSENT FOR TREATMENT

Who am I?

My name is Elizabeth Conway Williams, Ph.D., and I am a *Licensed Psychologist* in North Carolina. I have a masters' degree and doctoral degree from East Tennessee State University, both in clinical psychology. My training and experiences have heavily focused on collaboration between medical and mental health providers in an effort to deliver more holistic, patient-centered care. Specifically, my goal is to deliver evidence-based brief assessment/screening and interventions for pediatric psychological or behavioral health concerns in a setting where patients already go for their healthcare needs. I look forward to being a part of your treatment team in the role of a *Behavioral Health Consultant!*

What is a Behavioral Health Consultant (BHC)?

- A BHC is a person in the mental health field who works as a *part of the treatment team*.
- *We address a broad array of problems*
- *We believe that good health care is whole health care.*
- *I am a consultant to both patients as well as your pediatrician and health care team.*

What does a session look like?

- We see patients in a *time-limited fashion*.
- In general, sessions last 30-45 minutes and number from 1-8 sessions.
- *Interruptions* are common in a medical setting.
- *Time may be spent* gathering information and offering recommendations.
- *Based on the information gathered* we may decide that you will simply follow up with your primary care provider, meet with me again, or be referred to other resources.

Is what I say confidential?

- Information discussed remains confidential except when there are concerns about a patient hurting themselves or others, suspicion of child or dependent adult abuse or neglect, or as ordered by court.
- *However, because we are a treatment team your primary care provider will have access to your behavioral health notes* so that we can collaborate in planning and carrying out the best treatment.

How much does this cost and who pays for these services?

- Fees vary depending on the service provided. Your insurance may or may not cover behavioral health services. I currently accept Medicaid, Healthchoice, Medcost and NC-BCBS insurance plans, as well as self-pay options for those with other insurances. We will assist you in gaining pre-authorization and notify you of *co-pays that are due at each time of service*.

What if I need to speak with someone?

- If you need to speak with someone please contact the office at (828) 693-3296. You can leave a message for me to call you back or set up an appointment. In the event you contact the office after business hours you will be triaged by a nurse at Health Link with UNC Health Care who can assist you. In the event of a life-threatening emergency (suicide/homicide), please call RHA Mobile Crisis Management at (888) 573-1006, 911, or visit your nearest emergency room and inform them you have a *life-threatening psychiatric emergency*.

What if I have a complaint?

- I am always open to feedback on what I and my office can do better. Please feel free to reach out to myself or our office manager, Michael Buncher, at (828) 693-3296 to address any concerns directly. In the event of a grievance you may contact the North Carolina Psychology Board at (828) 262-2258, or file a Complaint/Inquiry Form found on the board's website at <http://www.ncpsychologyboard.org/FilingaComplaint.htm>. Additionally, information regarding how to file a complaint and details on the investigative process may also be found at this link.

Please scan both pages (front and back) into EMR

Patient Name

Date of Birth

1) I understand that I have the following client rights:

When you receive mental health, developmental disability or substance abuse services you have certain rights.

As a client of mental health, developmental disability or substance abuse services, you have the right to be treated with respect. You have the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation. You have the right to live as normally as possible while receiving care and treatment.

You have the same civil rights as any other citizen of North Carolina, unless a court decision has taken away some of your rights. This may include the right to vote, marry, divorce, make a will, buy sell and own property, and decide all things about your life.

You have certain specific rights related to your care, services, and treatment.

These rights include the following:

You have the right to receive age-appropriate treatment for your illness or disability.

You and the person legally responsible for you, if any, have the right to be informed in advance of the benefits or risks of the treatment choices.

You have the right to be informed of the cost of services; the cost of services and insurance issues should be discussed at your first visit, or when you schedule your first appointment.

You have the right to treatment, including access to medical care and habilitation regardless of disability.

You have the right to an individualized written treatment or habilitation plan which is implemented within 30 days of admission.

You have the right to be free from the threat of unwarranted suspension or expulsion from treatment.

You have the right to be free from corporal punishment, abuse, neglect, and exploitation.

You have the right to be free from unwarranted searches of your person or seizure of your possessions.

You have the right to be free from unnecessary or excessive medication. Medication shall not be used for punishment, discipline, or staff convenience. Medication shall be administered in accordance with accepted medical standards and only upon the order of a physician or other medical practitioner as documented in your record.

You have the right to consent to or refuse treatment. This also includes treatment involving electroshock therapy, the use of experimental drugs or procedures, or surgery other than emergency surgery. The right to consent to or refuse treatment applies to the person who is legally responsible for you; for example, your parent if you are a minor.

You (or the person legally responsible for you) have the right to consent to or refuse any other treatment except in the following circumstances: in an emergency; or Involuntary commitment, which is a legal proceeding in which it is determined that without the treatment, a person would be likely to harm self or others.

Release or disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164.512 of HIPAA. The confidential information may not be disclosed without written consent when federal statutes prohibit that release.

*If you have questions or concerns you may contact Disability Rights North Carolina at 1 - (877) 235-4210 [Toll Free (within NC)] or 1- (888) 268-5535 (TTY) or (919) 856-2195 or visit <https://disabilityrightsnorthcarolina.org/contact-us>.

2) I understand that if I have a concern or grievance I may contact the NC Psychology Board as described above.

3) I understand the clinic uses a team approach to coordinate and improve the quality of my health care. I understand that my behavioral health records are part of the clinic's electronic medical record.

4) I signed the Hendersonville Pediatrics, PA, Authorization to Consent to Health Care for Minor, and HIPAA agreements when I became a patient of Hendersonville Pediatrics, PA.

5) I authorize Dr. Williams to seek emergency medical care from a physician or hospital on my behalf if indicated.

6) I have been provided the opportunity to ask questions and receive answers about behavioral health services.

7) If I cannot make an appointment for any reason I will call and cancel at least 24 hours in advance. I understand that due to high demand for services, two missed appointments (without cancelling) will result in no longer begin able to receive behavior health services from Dr. Williams.

8) I hereby request to receive services from **Elizabeth Conway Williams, Ph.D.**, at Hendersonville Pediatrics, PA.

Signature of Client or Parent/Legal Guardian

Date