



Welcome to HopeNet. We value this opportunity to begin working with you and/or your family. As we begin this process, we desire that you have an opportunity to clearly understand what you may expect from the volunteers, personnel and providers at HopeNet who fill various roles such as advocates, interns, case managers, coaches, therapists and administrative personnel hereby called “HopeNet staff”. Please review this Informed Consent. We are confident that it will clarify many aspects of our services and your future relationship with HopeNet.

## **CLIENT INFORMED CONSENT**

**Professional Relationship:** Although our sessions may be emotionally intimate, the professional relationship is not social in nature. Our contact will be limited to our scheduled appointments, except in the case of an urgent situation when we encourage you to contact us for intervention. Keeping HopeNet updated with any changes in your mental or physical health and contact information is vital to provide professional services. Pricing of HopeNet services is based on an established fee schedule. A separate service agreement will be completed and signed to address your responsibility for payment. Unless otherwise noted on your service agreement, typically counseling sessions meet for a 50-minute “clinical hour.” Coaching sessions meet for 60-75 minutes determined by the Coach.

**Emergency Services:** If you find yourself in a crisis or life threatening situation, please immediately call 9-1-1, ComCare Crisis (316.660.7500), the National Suicide Prevention Hotline (800.273.8255) or seek help from a hospital or crisis-oriented health care facility in your immediate area.

**Telemental Health:** Telemental health includes the practice of health care delivery, including diagnosis, consultation, treatment and education using interactive audio, video, and/or data communication.

- ***Equipment Needed for Telemental Health Services***

HopeNet staff will utilize and inform you of the video telecommunications application they are using and you agree to utilize the appropriate web browser, if needed to run the application. Sufficient broadband internet or cellular connection is also necessary at the location deemed appropriate for services. HopeNet staff will make reasonable efforts to utilize secure Internet video transmission and to keep your information and records secure and confidential.

- ***Session Structure***

Find a setting that is as similar to being in an office as possible. Maintaining the structure of the setting is critical. In order to have effective online therapy sessions, the following guidelines must be followed:

- 1) You must physically be in the state of Kansas when the Telemental health sessions occur.
- 2) Your device must be placed on a steady surface throughout sessions, and remain in a set location during session as much as possible.
- 3) You agree to find a private location where others cannot overhear sessions. Adjust the volume on your device to ensure your privacy.
- 4) You must be appropriately attired each session and use proper lighting.

- 5) Minimize distractions and background noises—you should not engage in any activities on any other devices; turn off televisions, music or other sounds. Make sure pets, children, household members and roommates will not be distractors from treatment.
- 6) Without prior discussion and approval from HopeNet staff, others may not be invited into sessions.
- 7) If connection disruption occurs for any reason, HopeNet staff will call you to remedy the situation. If transmission should fail, HopeNet staff will resume the session via telephone until internet based services can be restored.

▪ **Risks & Consequences**

I understand there are risks and consequences from telemental health services, including, but not limited to, the possibility, despite reasonable efforts on the part of HopeNet staff that:

- 1) the transmission of my personal information could be breached by unauthorized parties, and/or disrupted or distorted by technical failures,
- 2) the transmission of my personal information could be interrupted by unauthorized persons, misunderstandings can occur more easily, especially when care is delivered in common time but separate settings,
- 3) and/or possible confidentiality breaches if someone should walk into the client's established location while in session,
- 4) the theft or loss of a computer, laptop or mobile device storing confidential information, and the inadvertent transmission of confidential information to the wrong recipient.

**Effects of HopeNet's Services:** While positive benefits are expected from our services, specific results are not guaranteed. The work you will do here involves personal exploration and may lead to major changes in your perspective and life decisions. These changes may affect significant relationships, employments, and your understanding of yourself. Some of these changes could be temporarily distressing. However, please know that together you and our staff will work towards the best possible results for you. In addition, telemental health based services and care may not yield the same results nor be as complete as face-to-face service. You may benefit from telemental health services, but results cannot be guaranteed or assured.

**Grievance Procedure:** In the event you should have a concern regarding the services you are receiving from HopeNet, we ask that you immediately address your questions and/or concerns with the person you are working with. If satisfactory resolution of your concerns is not achieved through dialogue, we encourage you to contact the Program Director for assistance with resolution. In the event you have unresolved concerns about the services you present to the Program Director, or services are being provided by the Program Director, you may contact the Executive Director. Upon request, a grievance form can be obtained at the reception desk or mailed to you. The form is also available for download from our website ([www.hopenetwichita.org](http://www.hopenetwichita.org)).

**Referrals:** Should you or the HopeNet staff with whom you are working believe that a referral is needed, you will be provided resources that may be able to assist you in achieving your goals. These resources may be in addition to HopeNet services or as an alternative to the services you are currently receiving. You and the HopeNet staff may work together to contact the referral, but follow-through with the resource is ultimately your decision and responsibility.

**Records:** All of the communications and contact that occur with the HopeNet staff becomes part of the HopeNet record. Your records can only be released with a written authorization from you. The exception is when release of information is authorized as provided in this Informed Consent. Adult records are disposed of five (5) years after the file is closed. Minor client records are disposed of two (2) years after the client's 18th birthday.

**Confidentiality:** Please note the HopeNet staff operates as a collaborative team in order to provide you with the best possible care. The least amount of information regarding services you are receiving will be shared among this staff on an as needed basis for the sole purpose of providing you with quality services. In the event material goods are available from HopeNet, some information may need to be shared with the team to better meet your needs. All aspects of the services you receive from HopeNet are confidential; therefore, both parties through written consent must approve audio and visual recordings.

This information will not be released to any individual outside HopeNet **except:**

- 1) You direct HopeNet staff to disclose information by your written authorization.
- 2) You allow HopeNet staff to use your records for purposes of supervision and/or professional development by your written authorization.
- 3) You allow HopeNet staff to use certain details of your situation in our media productions.
- 4) HopeNet staff is court-ordered to release information. A subpoena is not sufficient cause to release information.
- 5) HopeNet staff is otherwise required by law to release information.

In addition, we ask that you respect other HopeNet clients' right to confidentiality and observe the privacy practices of HopeNet for others.

The staff at HopeNet values your right to privacy. HopeNet staff will acknowledge you in public only if you first approach us. We hope that our commitment will facilitate an environment of physical, psychological and spiritual safety while you work with us in pursuit of your healing and personal growth.

**Mandated Reporting:** *All HopeNet staff are mandated reporters.* This means, that although you have the right to privacy and confidentiality, HopeNet staff are required by law to contact the appropriate officials if:

- 1) HopeNet staff determines that you are a danger to yourself or someone else. (This may include appropriate measures to prevent self-harm and/or a request for emergency assistance transportation to a psychiatric facility.)
- 2) You disclose or HopeNet staff suspect, receive report(s) of or have proof of abuse, neglect, or exploitation of a child, elderly or disabled person.
- 3) You disclose and/or HopeNet has information that you and/or household members have been exposed to or are carriers of any reportable infectious or contagious diseases or other health conditions. (See K.A.R. 28-1-1 through 28-1-18)

**Rights of Refusal:** Both clients and HopeNet staff have *Rights of Refusal*. This means that at any time during your relationship with us you may assert your *right to refuse* staff recommendations you view as contradictory to your values or best interest. You understand that you have the right to withhold or withdraw your consent to the use of HopeNet services in the course of your care at any time, without affecting your right to future treatment or care. It also means that HopeNet staff may exercise the *right to refuse* continuing services and terminate the professional relationship at their discretion. However, it is anticipated both clients and staff will engage in discussion to address concerns if at any time this right becomes an issue.

**CLIENT INFORMED CONSENT**  
**SIGNATURE OF ACCEPTANCE**

*The written and/or electronic signatures below are verification that service specifications from HopeNet have been clearly presented and accepted as stated on the CLIENT INFORMED CONSENT. Opportunity for questions and discussion have been presented and clarified and the client has received satisfactory answers. A copy of the CLIENT INFORMED CONSENT has been received by the client.*

**CLIENT'S SIGNATURE**

The client signature on this document verifies specifications have been read, discussed and clarified. The HopeNet staff have clarified questions regarding service specifications and client has received satisfactory answers to those questions.

I hereby consent to receive services from HopeNet, Inc.:

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<b>Client Signature</b>	<b>Print Client Name</b>	<b>Date</b>
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<b>Guardian Signature</b>	<b>Print Guardian Name</b>	<b>Date</b>
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<b>Witness Signature</b>	<b>Print Witness Name</b>	<b>Date</b>
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**HOPENET SIGNATURE**

The HopeNet staff signature below serves as verification of client's signature. The HopeNet staff representative further verifies he/she explained the scope of services to be provided and opportunity was granted for discussion, questions and clarifications, as needed.

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<b>HopeNet Staff Signature</b>	<b>Print Staff Name</b>	<b>Date</b>
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