



BEHAVIORAL HEALTH SERVICES TREATMENT AGREEMENT

Partnership Health Center provides Behavioral Health services. You and your Behavioral Health Provider create a plan of care, such type of therapy, number of sessions, length of sessions, etc.

Please read and review the following explanations related to your Behavioral Health service.

Please Initial Each:

_____ **PARTICIPATING IN CARE** – I understand my participation in treatment planning and attending scheduled visits is important for making progress toward my treatment goals. I will work with my Behavioral Health Provider to utilize my personal strengths while considering barriers and/or relevant circumstances that may impact my care.

_____ **ATTENDING APPOINTMENTS** – I understand that there is a high demand for Behavioral Health services in our community. I understand that I need to let PHC know if I cannot make it to my scheduled appointment at least 24 hours prior to the start of my appointment. I understand that if I frequently cancel, reschedule, or no-show appointments, my future appointments may be cancelled and I may be asked to temporarily schedule appointments in a different way. I know the Care Team will speak with me about this should it happen. I understand that I may need to reschedule if I am late for my scheduled appointment.

_____ **CONFIDENTIALITY** – I understand that Montana law and federal law protects the confidentiality of all of my healthcare communication. I understand that my Care Team can only release information about my services with my written permission. I can complete a Release of Information online or on paper (available at front desk).

_____ **LIMITS TO CONFIDENTIALITY** – I understand my Care Team has a duty to keep people safe. I understand certain situations may need to be reported in an effort to keep me and others safe. These situations include any case in which:

- there is reason to *suspect* that a minor, an elderly person, or a person with a developmental disability is experiencing abuse or neglect OR has experienced abuse or neglect in the past.
- I am a risk to my own health and safety or another person’s health and safety.
- my healthcare records are requested in a subpoena or court order.

_____ **RESPONDING TO EMERGENCY** – I understand in the case of an emergency, I am to call 988, 911, or go to the nearest hospital emergency room. I know Missoula’s 911 response may include the Mobile Support Team for a Behavioral Health emergency (Mobile Support Team = Behavioral Health Provider + Emergency Medical Technician).

PATIENT NAME (PRINTED)

DATE OF BIRTH

SIGNATURE OF PATIENT OR LEGAL GUARDIAN CONSENTING TO SERVICES FOR MINOR

TODAY’S DATE