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Informed Consent in Social Work

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### Office Policies and Informed Consent Agreement to Psychotherapy Services

**CONFIDENTIALITY:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law.

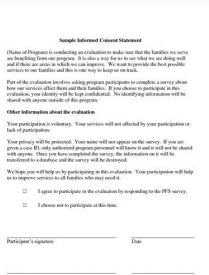
**When Disclosure Is Required By Law:** Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property or is gravely disabled or when client's family members communicate to My Name, MS, that the client presents a danger to others.

**When Disclosure May Be Required:** Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by My Name, MS. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members, unless otherwise agreed upon. My Name, MS, will use his clinical judgment when revealing such information. My Name, MS will not release records to any outside party unless s/he is authorized to do so by all adult family members who were part of the treatment.

**Emergencies:** If there is an emergency during our work together, or in the future after termination where My Name, MS, becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can, within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose he may also contact the person whose name you have provided on the biographical sheet.

**Health Insurance & Confidentiality of Records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you instruct My Name, MS, only the minimum necessary information will be communicated to the carrier. My Name, MS, has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to break ins and unauthorized access. Medical data has also been reported to be legally accessed by enforcement and other agencies, which also puts you in a vulnerable position.

**Litigation Limitation:** Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else



CLIENT NAME: \_\_\_\_\_

### Informed Consent for E-mail/Electronic Communication

Notice to Clients: Use of e-mail/electronic communications between clients and their therapists has risks regarding protection of your private health care information. Some examples include:

- E-mails/electronic communication can be intercepted by someone who is not the intended recipient.
- Intercepted e-mails/electronic communication can be stored and printed by the unauthorized recipient.
- Your identity can be determined from knowing your e-mails/electronic communication address.
- E-mails/electronic communication are easily, and sometimes, accidentally, forwarded to unintended recipients
- E-mails/electronic communication can transport computer viruses and other malicious software.
- Receipt of e-mails/electronic communication sometimes are not noticed, not responded to, in a timely manner.
- Detailed identifying information, diagnoses and treatment information about you should not be put in the subject line or body of an e-mails/electronic communication, nor be transmitted as an attachment to an e-mail
- E-mails/electronic communication should **never** be used to communicate emergency, urgent or other time-sensitive information.

If you choose to use e-mails/electronic communication as a way to communicate with your therapist, please read and sign below.

- I have read and understand the information provided regarding e-mails/electronic communication. I have had my questions regarding this answered to my satisfaction.
- I understand that Counseling Services is required by Federal and State Law to try to protect my private health care information, which is the reason I am being informed of the risks involved with e-mails/electronic communication.
- I understand that I am not required to participate in e-mail and electronic communication, but if I do consent, I may withdraw this consent at any time by notifying my therapist.

I give my informed consent to participate in e-mail and electronic communication with Counseling Services.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

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FAX: 717-558-6751

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### The University of Akron Institutional Review Board

#### Sample Parental Consent for Children under 18

For research involving minors, unless the IRB has approved a waiver of parental consent, a parent or guardian must sign and return a form consenting to the involvement of their child. For research projects involving not greater than minimal risk, the signature of one parent is sufficient.

Children age 8 and up must sign a companion ASSENT form which presents the study information in language appropriate to the age of the child and allows them the option of refusing even though a parent or guardian consents. Please see the Sample Child Assent Form for the recommended format.

For children under 8, a signed assent form is usually not appropriate; however a verbal explanation should be given to the child as well as the opportunity to refuse participation. Use language appropriate to the age of the child and include the verbal script with your application.

The following guidelines include instructions to the person writing the document, followed by sample language that may be used in the actual document. *[Instructions to the person preparing the form are always written in script and enclosed in brackets, like this.]* Sample language that may be used in the actual document is always written in standard typeface, like this.

The consent form *must* be printed on the principal investigator's University department letterhead. If the investigator is a student, the Faculty Advisor's department letterhead should be used. Section headings should be in bold type.

#### Required Elements for Consent Document

**Title of Study:** *[The title on the form must match the title on the application except in cases where revising the true purpose of the study would compromise the results. In those cases, the rationale for the variance must be clearly explained in the IRB application.]*

**Introduction:** *[Informs participant that this is a research project and identifies who is conducting the research.]*

Your child is invited to participate in a research project being conducted by *[name]*, a *[faculty member, student, etc.]* in the Department of *[dept. name]*, at The University of Akron.

**Purpose:** *[Provide a statement of the purpose of the study and an estimate of how many persons are participating in the study.]*

**Procedures:** *[Describe what the participants will be asked to do for the study. Include all procedures, including number, frequency and duration. Differentiate between procedures that are for research and those that are standard, i.e., teaching methods, assignments, etc. Describe any other data to be collected such as personal records, written material, teacher comments. Specify any post-study follow-up.]*

**Exclusion:** *[Only include if applicable. Clearly list criteria that would prevent an individual from participating or make someone ineligible to participate.]*

**Risks and Discomforts:** *[For each procedure/activity that is part of the research, describe the immediate and long range discomforts/risks (physical, psychological, social, legal, and economic) and their consequences.]*

IRB\SampleParentalConsent\_Rev. 07/09

### Informed consent form template social work.

Consent forms and procedures must be valid. The process of informed consent is one of the clearest expressions of social worker respect for the rights of clients. interviewed by the triage nurse and waits to see a doctor. 3. The first major legal ruling in the United States on informed consent was in 1914 the case of Schloendorff v. Society of Medical Surgeons, in which Judge Benjamin Cardozo expressed his often quoted opinion regarding the right of self-determination of an individual: "Every adult and healthy-minded human being has the right to determine what needs to be done with his or her body." The phrase informed consent was introduced in the 1957 court case of Salgo v. United States Fertilizer Corp. Coercion and undue influence must not have played a role in the customer's decision. The triage nurse contacts the hospital's social worker, Marcia, and tells her that Alex seems "a little disoriented" and "doesn't seem to know where he is." A local health center of the local community. A customer must be mentally able to provide consent. consent.

A consent form is a signed document that outlines the informed consent of an individual for a medical study, clinical trial, or activity. Whether you're looking for a way to gather model releases, activity waivers, parental consent, or medical consent forms, you can start by selecting one of our 400+ Consent Form Templates. A legal document that allows your doctor to go forward with the treatment plan that is completed and signed is known as a consent form. It names the plan or treatment to be done. Until and unless the patient gives informed consent, the doctors cannot proceed further. The consent form contains risks, detail about the procedures, costs, confidentiality and much more. Informed consent in medicine is consent given by a person who has a clear appreciation and understanding of the facts, implications, and future consequences of an action. The term is also used in other contexts, such as in social scientific research, when participants are asked to affirm that they understand the research procedure and consent to it. Informed consent in medicine is consent given by a person who has a clear appreciation and understanding of the facts, implications, and future consequences of an action. The term is also used in other contexts, such as in social scientific research, when participants are asked to affirm that they understand the research procedure and consent to it. Having an informed consent form allows also the therapist to be informed of the conduct required of them. This Group Therapy Informed Consent Form Template is a good sample template that you can use for your group therapy sessions to your potential clients. Informed Consent for Minor Patients. By Paul Weber, JD OMIC Risk Manager [Digest, Summer, 1999] The law authorizes parent(s) or guardian(s) of a minor (anyone under the age of 18) to give informed consent for most medical decisions on behalf of the child.

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