1. Behavioral health services such as therapy, counseling, psychiatry, case management and crisis intervention services may have a profound impact upon your emotional and behavioral functioning. In most cases, there are improvements without unexpected problems. However, it is possible that there may be no change, problems, or even a disruptive change. Unexpected changes or results sometimes occur. Your provider will make a reasonable effort to discuss the potential impact of changes you make in your life as a result of behavioral health treatment. However, we encourage you to ask questions if you have any concerns.

2. Information discussed in your counseling sessions is considered confidential and will only be shared with other treatment providers at the Health Center. This means that your provider will not reveal information about you to another person outside this agency without your written consent. There are a few exceptions to this policy:

   • Your provider is required by law to report to the appropriate authority information about suspected abuse or neglect of a child, an incompetent or disabled person, or an elderly person.

   • If you reveal information that indicates a clear threat of harm to yourself or others, the provider will need to contact appropriate authorities, warn the potential victim, or take other reasonable action to prevent harm from occurring.

   • If subpoenaed by the court, some or all of your records may be subject to review and your provider may be ordered to testify.

   • Insurance companies and other outside funders may review the mental health records of this agency to assure that the agency is in compliance with state, federal and other grant requirements and specifications or to facilitate payment of services on your behalf by your insurance provider.

   • Your provider may consult with other professionals on your health care team within the Health Center about your situation, in order to provide you with the best possible service. Some providers may be receiving clinical supervision from a professional not connected with this organization in order to improve their skills. Your provider will advise you of specific information concerning their credentials.

3. Kansas City CARE Health Center behavioral health records are documented in an integrated Electronic Medical Record. Your BH record will be visible by providers of all medical services that you receive at the Health Center so that the Health Center may best coordinate your treatment needs.

Your signature below means that a) you have read this document and have been given an opportunity to ask questions; and b) you understand and accept the conditions of this document.

**Signatures**

<table>
<thead>
<tr>
<th>Patient Printed Name</th>
<th>Provider Printed Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Signature / Date</td>
<td>Provider Signature / Date</td>
</tr>
</tbody>
</table>

*Patient signature required. If patient is under 18 years old, a guardian’s signature is required.*