

Consent for Treatment

iTrust Wellness Group abides by the policies of HIPAA and remains compliant to their standards. Below are specifics about the consent for clients' treatment and the confidentiality therein.

Informed Consent for Treatment

- I understand this consent is for an initial assessment and continued treatment, or substance abuse assessment and treatment, in which I am agreeing to participate in a mental health or substance abuse assessment at iTrust Wellness Group.
- I understand that this consent is voluntary and that I can withdraw my consent for treatment at any time. The purpose of this assessment is to evaluate my current mental health or substance abuse needs and to develop specific assessment recommendations related to my concerns which have brought me to iTrust Wellness Group.
- I understand the initial assessment will be conducted by iTrust Wellness Group providers, who are qualified Mental Health and/or Substance Abuse Professionals. The assessment will consist of interviews between the provider and myself. Psychological testing may be recommended to more thoroughly evaluate my needs. Some mental disorders can have medical or biological origins and may require a consultation with a physician.
- I understand the practitioner may need to discuss my case in a confidential manner with a professional treatment team and/or supervisor for the purpose of providing quality service. I am aware additional professional staff may be asked to participate in the evaluation and treatment. I understand these discussions will be kept confidential unless I authorize that information be released or unless allowed or required by law. These exceptions to confidentiality are referenced in the Privacy Policies, which I have been given the opportunity to read and understand.
- I understand that some treatment recommendations may be addressed during the initial interview(s). Once the assessment is complete and an initial treatment plan has been formulated, I will be given the opportunity to review and discuss with the practitioner the results of the assessment, the nature of the condition, and any treatment recommendations, including alternatives to these recommendations.
- I consent to receiving unencrypted email and SMS communications for low-sensitivity communication, such as appointment reminders, billing notifications, and office updates, acknowledging the inherent risks, including potential unauthorized access and PHI exposure. I agree to not hold iTrust Wellness or its service partners liable in any case where unauthorized access to these unencrypted messages occur.