



## Informed Consent

Effective Date: [Insert Date]

**Welcome to BHcare!** We want to give you safe, respectful, and helpful care and services. This form explains your rights, how we protect your privacy, what services and care we offer, and what to expect. Please read carefully and ask questions before signing.

**BHcare offers many services and care that may happen in person, online, or in your community, including:**

- Counseling, therapy, and psychiatric care
- Supportive housing and residential services
- Case management and referrals

**Behavioral Health Home:** I understand I may be eligible for behavioral health home services which offer care management, client and family support, and community connections.

**Getting services and care at BHcare is your choice.**

- You may stop services or care at any time. This will not affect your rights or access to other care or services, unless stopping makes you ineligible for certain BHcare programs
- You can also change or cancel your permission to share information at any time

**Getting services or care can have benefits and risks** and may be unique to the individual. These can include, but are not limited to:

Benefits	Risks
Feeling better emotionally and mentally	Talking about hard topics may cause temporary sadness or stress
Getting help from caring professionals	You may need to follow certain rules or routines
Learning new skills and building safety and support	There is a small risk whenever information is shared. To keep you safe, we follow very strict privacy laws.

**Privacy and Confidentiality:** Your records are private and protected by Federal and Connecticut laws. You can take back your consent to share information any time, unless it's needed for safety or services/care (i.e. medication management, crisis response).

*BHcare will only share your information when:*

- You sign a valid, written consent
- BHcare staff need to communicate with other BHcare staff to coordinate your services/care
- There is a valid court order or legal document requiring us to share your information
- There is a crisis or safety risk, and staff need to consult with others to keep you safe. Even then, only the minimum amount of information necessary will be shared
- The law allows it (for example, if someone is in danger or abuse/neglect must be reported)

**Client Photograph for Electronic Health Record (EHR)**

BHcare may ask to take your picture for your electronic health record. This helps staff make sure they are working with the right person and keeps you safe. Your picture is protected by the same privacy laws as the rest of your record and will not be shared outside BHcare unless you say it is okay or the law requires it. *You can choose not to have your photo taken, and it will not impact your ability to get treatment/services.*

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**Your Rights and Responsibilities:**

You have the right to:	You are responsible for:
<ul style="list-style-type: none"><li>• Get clear information about your services or care</li><li>• Ask questions and take part in planning your services/care</li><li>• Stop services/care or change information-sharing consent</li><li>• Receive services/care in your preferred language or format</li><li>• Expect safe, respectful, and culturally sensitive services/care</li></ul>	<ul style="list-style-type: none"><li>• Being honest and active in your services/care</li><li>• Following safety and program rules</li></ul>

**In an emergency,** BHcare staff may call **911** or other emergency responders to keep you/others safe. Only information needed to protect safety will be shared.

**You have the right to ask questions and/or file a complaint any time. Filing a complaint will not cause punishment or retaliation:**

BHcare's Compliance & Privacy Officer | **Brandi Sabato, MS, LPC**

U.S. Department of Health & Human Services

📞 (203) 800-7130 | [complyline@bhcare.org](mailto:complyline@bhcare.org)

Office for Civil Rights | 1-800-368-1019

### **Consent and Acknowledgment**

**By signing below, you agree that:**

- You have read this consent or had it explained to you. You understand the risks, benefits, and your rights.
- You agree to receive BHcare services and allow internal coordination as needed between staff involved in your care/services.

- You have been provided with the Client Engagement & Resources Guide and understand what's in it.

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Client Signature\_\_\_\_\_

Client Name\_\_\_\_\_  
Date

Guardian Signature\_\_\_\_\_

Guardian Name\_\_\_\_\_  
Date