



Behavioral Health Consultant Services

Patient Name _____ Date of Birth _____
Chart Number _____

Katy Trail Community Health offers behavioral health therapy and lifestyle education services to promote overall emotional, mental, and physical wellness. Behavioral health services are offered at our four clinic locations, virtually, and in select area schools.

Services:

This consent and services are voluntary and available for the medical patients of Katy Trail Community Health or students at participating schools referred by school personnel. BHC services are focused around your goals and needs. When these have been met, you and your BHC will discuss the appropriate time to end services. If you wish to receive services outside of Katy Trail Community Health, your BHC will provide you with resources and / or referrals as needed. If you discontinue attendance for 90 days, your BHC will consider services ended. You can re-enter services, but you will need a new referral from your primary care provider if you have not seen your BHC in 6 months.

Confidentiality:

You will be receiving comprehensive care. Your records are kept on an electronic medical record. Your BHC will coordinate care with your Care Team, which includes your primary care provider, psychiatrist, other relevant providers, case manager, guardian, and school representative for School Based Services. Additionally, your insurance company may require basis information, including mental health or physical health diagnosis. Insurance coverage cannot be guaranteed at the time of service. Your information is kept confidential unless you disclose intent to harm yourself or another person, or that you are aware of abuse to a child, elderly, or otherwise vulnerable adult. These situations will have to be reported to the appropriate authorities required by mandated reporter laws.

Potential Risks Regarding Services:

Behavioral Health Consultant Services can cause some emotional risks. Discussing traumatic events, stressors, behaviors, or psychological symptoms may be painful and / or scary. Sometimes people feel worse before they feel better. You can stop Behavioral Health Consultant (BHC) services at any time.

Services to Minors:

My child's Behavioral Health Consultant may keep the information my child shares private. The BHC will inform parents/guardians of any significant safety concerns that my child may share. My child may be seen by his/her BHC individually without my presence.

_____ I verify I am the legal parent / guardian and have the authority to enroll child in services.

_____ I verify the other parent / guardian has been notified of BH services and their contact information is on the next page.

By signing below, I hereby consent to receive behavioral health related services With Katy Trail Community Health.

Signature of patient: _____ Date: _____

Legal Representative / Guardian: _____

Printed Name: _____ Date: _____

Relationship to Patient: _____



REQUIRED HEALTH HISTORY INFORMATION FOR SERVICES

PATIENT NAME: _____ DOB: _____ Today's Date _____

Primary Medical Provider: _____ Last Visit: _____

In the event of an Emergency or safety risk, who can your child's Behavioral Health (BH) Provider contact to discuss behavioral health or mental health services or treatment

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

(initial) Initial here consenting for KTCH to contact the above individuals in the event of an emergency or safety risk. Mental health and behavioral health services and treatment planning may be discussed.

For Ages 17 and Under:

Mother's Name: _____ Phone Number: _____

Address if different than patient's: _____

Father's Name: _____ Phone Number: _____

Address if different than patient's: _____

Step Mother's Name: _____ Phone Number: _____

Step Father's Name: _____ Phone Number: _____

In the Custody or Guardianship other than parents? Yes _____ No _____

Guardian's Name: _____ Phone Number: _____

Address if different than patient's: _____

Email: _____ Agency: _____