INFORMED CONSENT FOR TREATMENT SERVICES

Welcome to The Emily Program.
This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them in session. When you sign this document, it will represent an agreement between us.

THERAPEUTIC SERVICES
The Emily Program (“TEP”) approach to treatment is dynamic and individualized and may include a variety of disciplines, services and programs. Our work is grounded in respect for each person and the belief that the therapeutic relationship is a powerful agent of change. Treatment decisions are informed by research, community standards, and sound clinical judgment. The overall therapeutic model is holistic and non-exclusive and utilizes a variety of approaches in individual and group settings as appropriate for each individual. Our holistic approach to programming integrates these traditional therapies with complementary and alternative therapies such as experiential therapies and body image work. Additionally, our services provide critical elements of recovery including development of interpersonal and life skills. We provide case coordination between other providers in the community involved with each client and family education and involvement wherever possible.

The type and extent of services that you receive will be determined based on your specific needs and symptoms, goals for treatment and treatment preferences discovered through the intake assessment process and discussions between you and your therapist. Through this treatment planning process, information regarding recommended services will be discussed with you so that you, together with your therapist, can make the most informed and appropriate decisions about what is likely to work best for you.

Eating disorder treatment can have benefits and risks. Since treatment and therapy often involve discussing symptoms, triggers or unpleasant aspects of your life, you may experience, most likely in the early stages of treatment, uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness; sometimes, problematic behaviors or urges can even increase from time to time. On the other hand, consistent and dedicated treatment has been shown to result in benefits for people who go through it. The therapeutic process often leads to overall reduction in symptom use, a greater degree of self-acceptance and awareness and improved overall functioning that can include better relationships, more constructive coping skills and significant reductions in feelings of distress. Everyone is different, and your course of therapy and outcome will be unique to you. A client’s commitment and engagement in therapy is known to be a contributing factor in the success of treatment, so it is important for you to work on things discussed during sessions with your therapist and at home in order for you to achieve the best outcome.

Therapy involves a large commitment of time, money and energy, so it is important that you and your therapist work together to develop a treatment plan collaboratively to help you reach your goals. If you have questions about The Emily Program’s procedures or any other aspect of your treatment, please bring them up as soon as possible with your therapist so that they may be discussed constructively in session.

CLINICAL RECORDS AND CONFIDENTIALITY
State and federal regulations* including the Health Insurance Portability and Accountability Act (HIPPA) and professional standards require TEP to keep records of the treatment and services provided. These records, and other information that TEP learns about you through the course of your treatment, is considered “protected health information” or PHI. Extensive measures are taken to ensure the privacy and security of your PHI pursuant to the state and federal* regulations listed in this document. In most cases, you must provide written authorization for your PHI to be used or disclosed. TEP is, however, allowed to use and disclose PHI without your authorization for certain purposes. Examples of these allowed disclosures are:

- If you have plans to kill yourself or hurt someone else.
- If TEP gets a court order for your chart/records.
- If you are a minor or vulnerable adult being abused.
If you receive drug or alcohol abuse treatment/diagnosis at TEP, your records related to that treatment/diagnosis are entitled to further protection under Federal Law (42 C.F.R. Part 2). TEP’s Notice of Privacy Practices, which was provided to you at intake and is available on our website and in our offices upon request, provides more information regarding uses, disclosures and processes regarding your protected health information and drug/alcohol abuse records, if applicable.

SERVICES BY THERAPIST TRAINEES
TEP provides clinical training to therapists, medical staff and dietitians. Trainees may be present during group sessions and services or in individual sessions. Services directly provided by unlicensed providers, or providers not credentialed with your insurance company, are provided under the clinical supervision of a credentialed, licensed provider. By signing this form, you consent to receiving services by unlicensed or uncredentialied providers. Unless otherwise specified, mental health services are provided by Mental Health Professionals.

MINORS
If you are under the state-mandated age of consent, please be aware that the law may provide your parents the right to examine or receive a copy of your treatment records. It is TEP’s goal to document your course of treatment accurately and thoroughly, yet with discretion. TEP will also do our best to maintain your confidentiality while keeping your parents up to date on your progress as appropriate. However, if TEP feels there is a high risk that you will seriously harm yourself or someone else, TEP is professionally obligated to notify them of our concern.

CLIENT AND STAFF SAFETY
TEP is committed to providing a safe, supportive and therapeutic environment for all clients and staff. To ensure client and staff safety, TEP may choose to discontinue services or prohibit an individual from entering TEP facilities if a risk to staff or clients is determined. Threatening behavior or language will be evaluated and handled on a case by case basis and addressed directly with the overall safety of clients and staff in mind. In addition, various items are prohibited from being brought in to our facilities, such as weapons (including guns, firearms, knives, and exposed blades), illegal drugs or other items that may compromise the health, safety or well-being of clients or staff. If you or your guest brings a prohibited item into a TEP office or facility or displays threatening behavior or language, we may ask you or your guest to remove the item from the premises, ask you or your guest to leave the facility or, in some cases, ask you or your guest to not return to TEP in the future.

Determinations on whether a particular item, behavior, or language is “prohibited,” and which of the above responses TEP chooses to take, are the sole discretion of TEP.

VOLUNTARY PARTICIPATION AND TERMINATION
All clients voluntarily agree to treatment and may terminate services at any time without penalty. Counseling involves a large commitment of time, money and energy, so it is important that you work with a therapist you are comfortable with. If you decide that the assigned therapist is not right for you, please let us know so that we can look for a more appropriate match.

CONTACTING YOUR PROVIDERS
Providers are often not immediately available by telephone. Our administrative and client services staff can typically field most calls such as those related to appointment scheduling and general questions. However, if you do need to reach a provider, confidential voicemail is available and providers make every effort to return calls as soon as possible. Unless included as part of a specific treatment component such as DBT phone coaching, providers do not correspond with clients over email, mobile/cellular phone or text message as we cannot guarantee the confidentiality of those communication methods.

Additionally, in situations where you need immediate assistance or support, or in emergencies, call 911 for assistance, rather than contacting your provider at TEP.

WASHINGTON CLIENTS ONLY:
The State of Washington requires us to disclose the following information to you about TEP:

You may contact the Washington Department of Health (DOH) to look up information on our agency and/or providers (https://fortress.wa.gov/doh/providercredentialsearch), and may contact the DOH Health Systems Quality Assurance Complaint Intake (360-236-4700, or, PO Box 47857, Olympia, WA 98504-7857) to lodge a complaint regarding suspected unprofessional conduct.

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<tr>
<th>The Emily Program, Seattle</th>
<th>The Emily Program, Spokane</th>
<th>The Emily Program, South Sound</th>
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<tbody>
<tr>
<td>1700 Westlake Avenue North, Suite 700</td>
<td>2020 East 29th Avenue, Suite 200</td>
<td>673 Woodland Square Loop SE</td>
</tr>
<tr>
<td>Seattle, WA 98109</td>
<td>Spokane, WA 99203</td>
<td>Suite 330, Lacey, WA 98503</td>
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<tr>
<td>(888) 364-5977</td>
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<td>DOH License Number: 277</td>
<td>DOH License Number: 286</td>
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Effective: February 27, 2014
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The Emily Program maintains the privacy of protected health information in accordance with the following state and federal regulations: **Minnesota:** Statute 144.291-144.298, 144.30-144.34, **Washington:** RCW 70.02, RCW 18.83.110 **Ohio:** ORC 3798.01-3798.14, **Pennsylvania:** PA Code Chapter 146b, **Federal:** Health Insurance Portability and Accountability Act (HIPPA/45 C.F.R), Confidentiality of Drug and Alcohol Abuse Records (42 C.F.R Part 2)

**SIGNATURE FOR CONSENT TO TREATMENT AT TEP**

My signature below indicates that I have been provided with a copy of this document, I have read and understand it, I was able to ask questions about its contents, and I consent to treatment by TEP. My signature also indicates that I have been provided with a copy of the Notice of Privacy Practices and Statement of Client Rights and Responsibilities.

Client Signature: ___________________________________________ Date: ______________________
Client Name (printed): ___________________________________________ Date of Birth: __________

Parent/Guardian Signature*: ___________________________________ Date: ______________________
Parent/Guardian Name (printed)*: ________________________________

*Required if client is a minor and under the state-mandated age of consent. For questions on your state’s minor consent laws, please see the TEP Front Desk staff at your TEP location.