

Unified Fire Authority Peer Support Consent Form

Who We Are: The Unified Fire Authority Peer Support Team was established to provide a means by which individuals can get help for job related mental health issues. While members of the Peer Support Team Program have training as Mental Health Professionals and Paraprofessionals, the services provided are designed to help with acute symptoms related to on-the-job stressors. The UFA Peer Support Program is not a long-term counseling program and is not equipped to provide long term counseling services. As a part of this process, for issues that require more intense care, you will be given an appropriate referral.

Patient Rights: We are dedicated to establishing a safe environment that fosters open and honest communication. You are encouraged to discuss your progress in counseling, and you may end services at any time. You are invited to discuss any concerns you may have about your treatment, or the services provided with your Peer Support Team member, the Behavioral Health and Wellness Officer, or the Safety Officer.

Confidentiality: Your contacts with your Peer Support Team member and/or counselor will remain confidential. However, peer support members and counselors are required by law to report certain information to other persons/agencies without your permission. Examples of such situations include: if they are ordered to do so by a court of law or if the information must be reported in accordance with the Child Abuse or Elder and Dependent Adult Abuse Reporting Laws. Confidentiality may also not apply if you are a clear and immediate danger to yourself or another person, if the support team member has reasonable cause to believe that you are mentally or emotionally unfit for duty. These confidentiality requirements are similar to those held by all members of medical and legal practice, however your work with a specific counselor outside of the UFA (including contract vendors) may not hold the same confidentiality requirements.

It is understood that some information must also be passed on for the sake of billing, insurance coverage and referral. This necessitates a designated member of Human Resources and the Safety Officer to have knowledge of your request for services. No other information will be shared with these individuals.

Groups: While all peer support members/counselors are bound by law to maintain an element of confidentiality, you as the patient are not. Therefore, if you attend a group we would ask and strongly urge you to maintain a personal code of confidentiality as to the information discussed in the group. By doing this the best possible outcomes can be afforded to participating members.

Self-Report Assessments: In order to provide you with the best care possible and to monitor and enhance the effectiveness of the services we provide; you may be asked to complete weekly assessments that measure your well-being and experience. By signing this Consent Form, you are agreeing to complete these assessments as part of your treatment. Self-report assessments are separate and different from diagnostic testing.

Records Requests: Laws and standards of the mental health and psychology professions require that we keep written counseling records. Because the records contain information that can be misunderstood by someone who is not a mental health professional, it is our general policy that patients may not review them; however, at your request, we will provide you with a treatment summary. If you are working with one of our vendor counselors, their records requests policies will be given to you at your first appointment.

Benefits & Risks: Although there are many potential benefits to mental health services (e.g., better relationships, improved self-esteem, reduction of specific symptoms), it can also be difficult at times. Part of the work during counseling is to talk about things that are difficult to discuss and may bring up unpleasant feelings. It is important for you to let your counselor know when you are experiencing these feelings so that he or she can be helpful. Sometimes a client may stop coming to treatment when it gets hard because they don't realize that discomfort is a natural part of the process. The more consistently you come to treatment, the more value you will get from it. You have a right to receive a copy of any consent form that you sign and of any written consent documentation that is used in your obtaining your consent.

I HEREBY CONSENT TO ALL OF THE TERMS AND CONDITIONS STATED IN THIS CONSENT FORM