

**Physician Wellness Program
INFORMED CONSENT TO
TREAT**

The purpose of this document:

1. To discuss the unique features around confidentiality and its limits for physicians accessing Physician Wellness Program (PWP), as well as a few other details of the program.
2. To share the PWP policies.
3. To Inform you of your rights and responsibilities in participating and taking advantage of this program.

Please read this carefully and ask your PWP provider to explain anything you may not understand.

By signing in the box below I acknowledge I have read, understand, and agree to the terms outlined in this document to participate in and receive the services of the Physician Wellness Program, which is managed by Any County Medical Society, Inc. You may be accessing these services as an ACMS member or as a member of another organization which has contracted with ACMS.

This form must be filled out for each new 12-month period (benefit year) in which a member seeks services and applies to all qualifying members with access to PWP services. Please indicate which organization you learned about the program through which you qualify for PWP services.

Client Name (Printed)		PWP Provider Name (Printed)	
Signature		Signature	
Date		Date	
Organizational Eligibility	# of Service Hours Allotted	First Appointment Date	

Definitions for the purposes of this document:

“Member” = Member of ACMS or another contract association/organization.

“Client” = User of PVP services

“PVP Provider” or “Provider” = Mental health provider contracted with ACMS to offer services.

1. Confidentiality

All services are confidential within the PVP provider-member/client relationship and are protected by state and federal law. If you wish for your provider to disclose any identifying

information (e.g., for a referral), you will provide a written and signed release for the limited purpose(s) you specify.

Notes/Records

There are two types of records frequently used by providers outside of appointment and scheduling practices- **Progress** notes and **Process** notes:

Process notes are optional notes kept by **some**, but not all PWP providers. They are personal notes kept by the provider and are stored in a separate file from progress notes either handwritten or electronically.

Progress notes may be limited, handwritten, locally stored, therapeutic notes considered part of a client's chart and are kept by the PWP provider. They may be handwritten or kept electronically and retained under the standard requirements of [State] law.

Some PWP providers use electronic software for scheduling or progress notes. PWP providers who choose to use computer software or apps for record keeping purposes may or may not include your name. Due to computer viruses, worms, hacking or human error, your personally identifiable information (PII) may be accidentally exposed beyond the PWP providers' intent or knowledge. A PWP provider may use encrypted or unencrypted electronic means such as scheduling software/calendar, saved consent-to-treat forms, telehealth software, email, etc. where your information may be stored.

Ask your provider about their note taking practices and electronic software they use and have a clear understanding the risks.

Exceptions for confidentiality:

Under certain circumstances the treating provider may have to break confidentiality. It is required by state law that mental health providers **act to prevent physical harm to yourself or others when there is "clear and imminent" danger.** This would include reporting cases of ongoing child, elder, or disabled abuse to the appropriate authorities. Also, confidential information may be disclosed **in the event of a medical emergency or when required to do so by a court subpoena.**

If you are, **or appear to be, at risk of impairing patient safety**, the provider will discuss with you the benefits of voluntarily referring yourself to the [State] Department of Professional Licensing's Physician Health Program (PHP). Failure by the client to do so may be cause for the provider to discontinue the client relationship at their discretion.

Other confidentiality practices:

Clinical Consults: Confidential

In order to provide the highest quality services and when clinically indicated, the provider may consult with the PWP Medical Director, other providers, or the PWP committee. However, during such consultations, your PII will not be disclosed without your express written or verbal consent, except in an emergency.

Billing: Confidential

Contracted PWP providers are not allowed to communicate the identity of program participants to ACMS (or contracting organization) for any reason without the express consent of the Client. Billing for PWP services is made without names attached to sessions. Neither ACMS nor other

contracting organizations will have any knowledge of which members have accessed these services on billing records.

PWP provider audits: ACMS reserves the right to audit the records of providers' service to client members without violating the confidentiality of individual client utilization. Should It exercise this right, ACMS would retain an independent attorney or CPA firm located far enough away from the county area to allow for a high assurance of member anonymity.

_____ I understand that while my name will not be submitted or otherwise disclosed to ACMS, my name may be stored in some forms of electronic software by the PWP provider for necessary use.

_____ I understand this agreement entails the privacy practices this program operates under plus any other applicable Federal or State Laws provided to me by the PWP provider.

_____ I understand if my PWP provider determines I may be impaired in a way that threatens patient safety, they will recommend I voluntarily utilize the Physician Health Program operating under my licensing board and failure for me to do so is reason for them to discontinue services with me.

2. Services Provided

Accessing these services is completely voluntary and based solely on an eligible member's own initiative. Services may include individual or family therapeutic counseling, coaching, consulting, psychological evaluation, and/or referrals.

- ACMS Members may access up to **five (5) hours of services** with our providers during a **single twelve-month period (your benefit year)**, beginning with the date of the first appointment and ending after 365 days. At the end of the 12-month period, the benefit year resets and starting with the next appointment, a new 12-month benefit period is established. There are currently no lifetime limits to utilization.
- **Other organizations** may contract for a different number of service hours per period with other limitations for their members.
- **If ongoing services are desirable beyond the allotted amount**, the member may make separate payment arrangements with the provider. (For example, if you use all five hours of services, but need more before your benefit period resets, speak with your provider about options such as private pay or using an insurance benefit until your new benefit period begins.
- **Members may utilize more than one of our PWP providers as part of this benefit** based on preference, availability, treatment focus, or location etc. - up to the total allotted service hours in a benefit year by the organization under which the benefit is accessed. It is the responsibility of the member to inform PWP providers of their total utilization of the program.
- Benefits afforded because of dual membership in more than one organization utilizing this service may not be combined – the **number of sessions is per person, not per membership affiliation. Exception:** This does not, apply however, to organizations which might contract separately with any of the PWP providers, such as an individual healthcare employer with membership eligible employees.
- PWP does not allow its CONTRACTORS to provide medication management for its members. If a PWP Provider is authorized to prescribe medication, they may refer the

member to a qualified provider for this service or discontinue the PWP contractual arrangement and make separate payment arrangements.

_____ **Services may include individual or family therapeutic counseling, coaching, consulting, psychological evaluation, and referrals. If ongoing services are desirable, I agree to make separate payment arrangements with the PWP provider.**

_____ **I understand that I may utilize more than one of the contracted PWP providers as part of this benefit based on preference, availability, treatment focus, etc. and all appointments are counted towards my yearly allotment.**

_____ **I understand that I can only use one qualifying organizational membership and its contracted limits during a 12-month period from the date of my first appointment.**

3. Eligibility

In order to access services, **program participants must be current with their qualifying association's membership dues** at the time of making appointments. PWP providers will take primary responsibility for verifying the eligibility of the member no later than the first appointment in a 12-month benefit period using means defined by the contracting organization which still provides member confidentiality.

This benefit is not available to member spouses, dependents, or domestic partners (unless they are a survivor of a deceased qualified member). However, if a PWP provider and/or member thinks it is useful, these **family members may be invited to sessions, with the approval of the PWP provider.** The client of record must always remain the qualifying member.

_____ **I certify that I am a current dues paying member of Any County Medical Society, or another qualifying organization, and that covered participation in these services is contingent upon that status.**

4. Contracted Providers

ACMS has contracted with numerous PWP providers based on their reputation, location, and professional courtesy in delivering these services to clients. They include Master's Level Licensed Clinical Professional Counselors, Master's Level Licensed Clinical Social Workers, Doctoral Level Psychologists, and psychiatrists. Some have additional licensure as family and marriage or addiction therapists or have received other certifications. All must hold current relevant professional practice licenses in the State of [State] (or via multi-state licensure compacts) and carry professional liability.

All PWP providers are independent contractors or employed by an independent contractor. As such, ACMS does not directly supervise or control them and are not responsible for their acts or omissions.

_____ **I understand that although ACMS has vetted the contracting PWP providers for general suitability, basic qualifications, and [State] licensure to provide services. However it does not independently verify all claims of therapists, nor does it guarantee their suitability for any issue for which an ACMS member may seek counsel. ACMS is not responsible for acts or omissions of therapists.**

_____ I agree to release and hold harmless the Any County Medical Society Officers, Board of Directors, Physician Wellness Committee members, employees, and volunteers, and any other contracting organizations, from and against any and all liability expense including defense costs and legal fees incurred in connection with claims for damages of any nature whatsoever, including but not limited to, bodily injury, death, personal injury, professional injury or property damage arising from participation in this program.

5. Missed or Late Cancellation of Appointments still count

Members who arrive late to scheduled appointments are subject to being limited to the time reserved by the PWP provider, based on their discretion and schedule, and will still count as towards the allotted service hours per benefit year. Missed appointments, without at least 24 hours' notice by the member, will be counted towards the allotted service hours per benefit year.

6. The Right to Continue or Discontinue services

- A good fit with your provider is important. If your needs or goals are not being met, it is your responsibility to choose a different provider who may be a better fit.
- You may request a different PWP provider or referral to another provider outside the PWP. Referrals to resources or providers outside of this program will not be covered by through this program benefit.
- You may discontinue services at any time and notice of this is very much appreciated.
- **You may continue services after using the allotted sessions/hours during the benefit year understanding that you will need to make separate payments arrangements with the provider.** If you do so, you will need to sign a different informed consent to treat form with privacy and confidentiality practices specific to the provider's regular practice.
- You may initiate another new 12-month benefit period with the same or different PWP provider any time after your year (365 days after your first covered appointment).

7. Program Integration

These services will not be integrated into any mandated program by the state Department of Professional Licensing's Physician Health Program, peer review boards, or other disciplinary efforts around licensure, credentialing, or employment. Also, this program may not be mandated by any employer or training program, although it may be offered for voluntary use.

This means services are completely voluntary and your PWP providers won't work with, or report to, clients' employers, licensure boards, or any disciplinary board for any kind of "mandated" therapy, or counseling, or evaluation. However, you may request your PWP provider provide progress of your treatment to whomever you wish, and this can be complementary to participating in a recovery program.

8. Program Demographics

Some general demographics are collected by ACMS to help understand utilization patterns and keep it useful to the medical community. Members will be asked to submit a form capturing demographics for ACMS and any contracting organizations to evaluate this program. **No individual program participants identifying information is submitted.** You may obfuscate any detail (*other than qualifying organization and county*) if you feel the unique combination of your specialty, age, gender, employment, employer, county, etc. reveals your identity.

Client, please fill out the following:

Member Type:

- Physician (including medical residents) Nurse Practitioner
 Physician Assistant Medical Student (Critical only)

Primary Medical Specialty (choose one only):

<input type="checkbox"/> Dermatology	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Family Medicine
<input type="checkbox"/> Hospitalist/Internal Medicine (General)	<input type="checkbox"/> Internal Medicine-Subspecialty NOS	<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Oncology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedic, incl Surgery
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatry/Neurology	<input type="checkbox"/> Surgery (not orthopedic)
<input type="checkbox"/> All other specialties or don't want to specify, or student		

Employment Status:

- Residency Program Hospital System Employed
 Independent large gp. >=8 providers Independent small gp. <8
 Medical Student Retired/Not Currently Employed Unspecified

Presenting Challenge (e.g., depression, work related, relationships, etc.): _____

Age:

- 25-43 44-57 58-70 71+ Unspecified

Gender:

- Female Male _____ Unspecified

County Practicing in: _____

Have you ever used the Physician Wellness Program services before with this Provider or another PWP Provider under any eligible membership? Yes No

Utilization of another PWP Provider within the last 12 months (if applicable)

PWP Provider Name _____ Start Date _____

of appointments used with prior PWP provider during last 12 months _____

Name of qualifying membership/organization:

FOR PWP PROVIDER USE ONLY									
Intake Date		Date	Date	Date	Date	Date	Date	Date	Date
__/__/__		__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
\$25	Billable half-hour increments								
Billed <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician Wellness Program Evaluation

Or scan to fill out anonymously

Member feedback, anonymous or otherwise, is important for us to continue to improve, enhance, and market this program. Thank you for your time

1. How did you learn or hear about the Physician Wellness Program?

2. How many sessions did you utilize during this benefit period you are evaluating? _____

3. The challenges or situation that brought you to the PWP

are: Much improved Improved About the same Worse Much worse

4. How easy was it for you to find a PWP provider that could address your needs and schedule with you in a timely manner and in a convenient location?

Very easy Somewhat Easy Somewhat Difficult Very Difficult

PWP Providers Name (optional) _____

5. Was your PWP provider:

Very helpful Somewhat helpful Somewhat unhelpful Very unhelpful

Comments or details you would like to share: _____

6. Because of your PWP participation, do you think you are better equipped to manage challenges in the future?

Strongly agree Agree Uncertain Disagree Strongly disagree

7. If you knew a colleague who needed help in the future, would you feel comfortable recommending them to the Physician Wellness Program.

Definitely yes Probably yes Maybe Probably not Definitely not

8. Is there anything you learned, resources or tools you utilized, you would encourage others who may be struggling to explore?

9. Do you have any other comments or suggestions you would like to share (Biggest challenge with the program or greatest benefit from using the program):

(Optional) If you are willing to be quoted for what the program has meant to you so we can market it better, please let us know.

You may quote me by name / licensure / specialty Details _____

NO – PLEASE USE FOR INTERNAL EVALUATION ONLY

Please print and return to address/fax/email