

**XX Medical Society Informed Consent Script
(to be used by therapist)**

"This document covers the unique features around confidentiality and its limits for physicians accessing the NAME/ABBREVIATION OF PROGRAM, as well as a few other details of the program. As you're looking over it let me summarize it with you, which I like to do with everyone accessing the program for the first time.

Number 1 covers confidentiality. Everything we talk about in here is kept confidential between you and I. While this follows all of the same laws as usual for any client of mine, we are taking a few extra steps with physician wellness program to make sure utilization of these services is private. First, only local handwritten notes will be kept, nothing ever in an EMR or billing software. Second, for referrals or any situation where I'd have to share your name, I will get your written permission. I may consult about cases with other NAME/ABBREVIATION OF PROGRAM providers, but will do so without identifying clients.

The only time I would have to "break" these rules of confidentiality is when someone's safety is in imminent risk. So, if someone talks about wanting to hurt or kill themselves, hurt or kill someone else, or a dependent child, disabled or elderly person is being abused or neglected, then the law and my own ethics would dictate that I take whatever steps are necessary to make sure people stay safe.

For this program, in the event a physician or provider member appears to be impaired significantly enough to potentially compromise patient safety, such as in the presence of a significant substance use disorder or significant maladaptive behaviors, I will have a frank discussion with the member and encourage them to voluntarily refer them self to appropriate resources such as the State Physician Health Program.

Finally, all billing and related info is being handled by an out of state third party, so neither NAME/ABBREVIATION OF MEDICAL SOCIETY nor anyone regionally involved in the medically community here will be aware of who is accessing services.

The second is about my services. Accessing these services should be completely voluntary and I won't work with, or report to, members' employers, or the board of medicine, or any disciplinary board for that matter, for any kind of "mandated" therapy.

As part of the NAME/ABBREVIATION OF PROGRAM, starting today and for twelve months, you can access 8 appointments total amongst as many of the NAME/ABBREVIATION OF PROGRAM therapists as you need. If you want services beyond that you can coordinate with me, or whoever you choose, to receive regular psychotherapy services through the usual clinic and payment structures.

Number 3 is about eligibility. Basically, this program is for current members of the NAME/ABBREVIATION OF MEDICAL SOCIETY and that your dues are current and you intend to remain a member over the next 12 months.

Number 5 is the appointment cancellation policy. Basically, please show up on time, otherwise we may have to reschedule. Please give me 24 hours notice if you can't make it. No shows or late cancels count against the member's 8 total appointments per year.

Number 6 says you can see whatever NAME/ABBREVIATION OF PROGRAM therapist you want that participates in this program. There's about 7 of us listed on the NAME/ABBREVIATION OF MEDICAL SOCIETY website. If I'm not a good fit for you for whatever reason I'm happy to help you coordinate transferring care or you can just call them directly.

Number 7 I mentioned above, but my services are meant to help and support you and not be a part of any larger mandated program.

Finally, number 8 covers some unique features of collecting demographics about folks accessing this program. NAME/ABBREVIATION OF MEDICAL SOCIETY wants to do this to help tailor the program over time to make it as useful as possible to the medical community here. Great lengths are taken to make sure no one is identifiable in this process.

Do you have any questions about any of this?"