

**Ada County Medical Society  
Physician Vitality Program  
Informed Consent for ACMS Members**

**The purpose of this document is to inform you of your rights and responsibilities in participating in Ada County Medical Society’s Physician Vitality Program (PVP), as well as its policies. Please read it carefully and ask your therapist to explain anything you may not understand.**

**This form must be filled out for each new 12 month period in which a member seeks services.**

**1. Confidentiality**

All services are confidential within the therapist-member client relationship, protected by state and federal law. If the therapist needs to disclose any identifying information, such as for a referral, a written release signed by the member client will be obtained for the limited purpose specified. Limited handwritten and locally stored therapeutic notes will be kept by the therapist and retained under the standard requirements of Idaho law.

Therapists may use computer software or apps for record keeping purposes (e.g. scheduling or consent-to-treat forms) that may include your name. Due to computer viruses, worms, hacking or human error, your name may be accidentally exposed beyond the therapists’ intent or knowledge. This therapist discloses use of the following electronic means where your name might be stored:

Scheduling software/calendar  Saved Consent-to-Treat Forms  Telehealth software

Any and all

other \_\_\_\_\_

In order to provide the highest quality services, when clinically indicated, the treating therapist may consult with other PVP providers or the PVP Medical Director or its committee. However, during these consultations, names and other identifying information will not be disclosed without your express written consent.

Under certain circumstances the treating therapist may have to break confidentiality. It is required by Idaho state law that therapists 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.

In the event that a client member is, or appears to be, at risk of impairing patient safety, the therapist will ask the member to voluntarily refer themselves to the Physicians Recovery Network or Program for Recovering Nurses. Failure to do so may be cause for the therapist to discontinue the client relationship at their discretion.

ACMS will have no knowledge of which members have accessed these services by name: Billing for these services is made without names attached to appointments paid for. Contracted

therapists are not allowed to communicate the identity of program participants to ACMS for any reason without the express written consent of the member.

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ACMS reserves the right to audit the records of therapists' service to ACMS members without violating confidentiality of individual member utilization. Should it exercise this right, ACMS would retain an independent attorney or CPA firm located far enough away from the Treasure Valley Idaho 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 therapist 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 therapist

## **2. Services Provided**

Access to these services on completely voluntary and based solely on an eligible member's own Program. Members may access up to eight (8) one-hour appointments with our therapists during a single twelve-month period, based on the date of the first appointment. Services may include individual or family therapeutic counseling, psychological evaluation or referrals. If ongoing therapy is desirable, the member may make separate payment arrangements with the therapist.

Members may utilize more than one of our therapists as part of this benefit based on preference, availability, treatment focus, etc. However, only a total of 8 one-hour sessions will be paid for by ACMS. At the end of the 12 month period since the first appointment, the benefit year resets and another 8 are available for another 12 month period, beginning with the first appointment of that period. There are currently no lifetime limits to utilization.

Services may include individual or family therapeutic counseling, psychological evaluation or referrals. If ongoing therapy is desirable, I agree to make separate payment arrangements with the therapist.

\_\_\_\_\_ I understand that I may utilize more than one of the contracted therapists as part of this benefit based on preference, availability, treatment focus, etc. However, I understand that only a total of 8 one-hour sessions will be paid for by ACMS during the 12 month period from the date of my first appointment.

## **3. Eligibility**

In order to access services, program participants must be current with their ACMS membership dues at the time of making appointments. Members may be actively practicing physicians, PAs, NPs, or residents. Retired members and WWAMI Medical Students who live within ACMS boundaries (Ada/Elmore Counties) are also eligible, or others as ACMS may designate temporarily or permanently. Therapists will take primary responsibility for verifying the eligibility of the member before billing for the first session. They will do so with the Physician Finder tool on the [adamedicalsociety.org](http://adamedicalsociety.org) website or in other manners designated.

This benefit is not applicable to member spouses, dependents, or domestic partners (unless a survivor of a deceased qualified member). However, if a therapist and/or member feel it is useful, these family members may be invited to sessions, with the approval of the therapist. The client of record will remain the ACMS member at all times.

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\_\_\_\_\_ I certify that I am a current dues paying member of Ada County Medical Society and that covered participation in these services is contingent upon that status.

#### **4. Contracted Therapists**

ACMS has selected several different psychotherapists based on their reputation, location, and professional courtesy in delivering these services to our members. Therapists are paid per hourly session at the rate of \$125. They include Doctoral Level Psychologists, Licensed Clinical Professional Counselors, and Licensed Clinical Social Workers. Some have additional licensure as family and marriage or addiction therapists or have received national board certification. All must hold current relevant professional practice licenses in the State of Idaho.

All therapists are independent contractors or employed by an independent contractor. As such, we do not directly supervisor control them and are not responsible for their acts or omissions.

\_\_\_\_\_ I understand that although ACMS has vetted the contracting therapists for general suitability and basic qualifications to provide services, it does not independently verify credentials of therapists nor do we guarantee their suitability for any particular 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 Ada County Medical Society Officers, Board of Directors, Physician Vitality Committee members, employees, and volunteers, 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**

Members who arrive late to scheduled appointments are subject to being limited to the hour reserved by the therapist's, based on their discretion and schedule, and will still count as one of the allotted appointments per year.

Missed appointments, without at least 24 hours' notice by the member, will be counted as one of the allotted appointments per year, but may only be billed at half the normal session rate by the therapist.

#### **6. The Right to Continue or Discontinue Counseling**

- You may request a change in the provider of counseling and referral to another therapist in the PVP. Referrals to resources or therapists outside of this program will not be covered by ACMS.
- You may discontinue counseling at any time, although notice of this is appreciated. •

You may continue your therapy after the covered 8 appointments during a one-year period understanding that you will make separate payments arrangements with the therapist. If you do so, you will need to sign a different informed consent form with different privacy and confidentiality practices.

- You may initiate another round of 8 covered sessions with the same or different PVP contractor after 12 months since the first covered appointment.

**7. Program Integration**

These services will not be integrated into ANY mandated program by the State Board of Medicine, Physicians Recovery Network, peer review boards, or other disciplinary efforts around licensure, credentialing or employment.

**8. Program Demographics**

During each session, ACMS members will be asked to submit an anonymous form capturing demographics in order for ACMS to evaluate this program. During the first appointment during each twelve-month period, demographics will be captured.

If you are transferring your counseling from another PVP therapist(s), please notify your new therapist of their name, how many sessions you've had with them under this program, and the date of the first appointment.

Demographics will be aggregated with other monthly participants and submitted to ACMS; no individual program participants information is submitted. However, if the unique combination of your specialty, age, gender, employment, employer, etc. makes you feel identifiable, you can choose to not indicate your specialty.

**I agree to the terms outlined in this document in order to participate in and receive the services of the Ada County Medical Society Physician Vitality Program.**

ACMS Member Name (Printed)	Therapist Name (Printed)
Signature	Signature
Date	Date

