

**Ada County Medical Society
Physician Vitality Program
Informed Consent**

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.

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.

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. Billing for these services will be made through a firewalled third-party channel located out-of-state whose role will be to aggregate demographics and verify ACMS membership status. 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.

_____ **I understand this agreement entails the privacy practices this program operates under.**

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.

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 Medical Students who live within ACMS boundaries (Ada/Elmore Counties) are also eligible. 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 idmed.org website or in the case of medical students, the Idaho Board of Medicine license search tool.

This benefit is not applicable to member spouses, dependents, or domestic partners. 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.

_____ 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 \$120. 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.

_____ 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.

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 of a twelve-month period, demographics will be captured.

If you are transferring your counseling from another PVP therapist, 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 etc makes you feel identifiable, you can choose to not indicate your specialty.

9. Indemnification

Because of the voluntary nature of participating in this program as a free member benefit, program participants must indemnify ACMS and its agents from any actual or perceived harm or damages as a result of participating in this program.

_____ I agree to indemnify, defend, and hold harmless the Ada County Medical Society Officers, Board of Directors, Physician Vitality Committee members, employees, and volunteers, and its agents 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.

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.

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