

**Western Carolina Medical Society Foundation
Healthy Healer Program
Informed Consent**

The purpose of this document is to inform you of the terms of participation in Western Carolina Medical Society's Healthy Healer Program. Please read it carefully and ask your therapist/coach if you have any questions. Return this form to your therapist/coach once completed. This document will be kept confidential and sent directly to a 3rd party law firm selected by WCMS for safekeeping. This document will not be shared with WCMS or any other party without your permission, unless required for legal purposes. This agreement holds only for self-pay patients. If you use insurance for any services you are not participating in the Healthy Healer Program and will not qualify for discounted services.

1. Confidentiality

WCMS has signed memoranda of agreements with private coaches and therapists to provide discounted services to self-pay members. WCMS does not provide clinical supervision for such services, and does not provide guaranties or warranties for the quality of such services.

All services are confidential within the therapist/coach-Member client relationship, protected by state and federal law. If the therapist/coach 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/coach and retained under the standard requirements of the law.

In order to provide the highest quality services, therapists and coaches may consult with professional colleagues about treatment or appropriate resources. All consultation discussion will be limited to de-identified data and Members' identities will not be communicated or implied, directly or indirectly, without the express written consent of the Member.

There are a limited number of legal circumstances in which a therapist or coach may be required to break confidentiality. It is required by North Carolina state law that 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.

There may be limited times where a therapist or coach believes a WCMS Member client is impaired in a way that threatens their ability to safely provide medical care.. Therapists and coaches may recommend to the Member that they follow NC Medical Board guidelines on addressing mental health, substance abuse, and other health concerns to insure patient safety, including but not limited to anonymous self-referral to the North Carolina Physician Health Program. Failure to take action may be cause for the therapist/coach to discontinue the client relationship at their discretion. Counseling/coaching sessions via the Healthy Healer Program are NOT reportable to the North Carolina Medical Board.

WCMS will have no knowledge of which members have accessed these services. Contracted therapists/coaches are not allowed to communicate the identity of program participants to WCMS or any other party for any reason without the express written consent of the member or unless WCMSF is made or proposed to be made a party to a legal proceeding requiring such disclosure.

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

2. Services & Member Discount

These services are completely voluntary and at the Member's initiative. The HHP does not take referrals. Members may access appointments with therapists/coaches at a 15% fee discount (self-pay only).

Members may utilize more than one therapist/coach as part of this benefit based on preference, availability, treatment focus, etc.

3. Eligibility

In order to access the HHP discount, program participants must be current with their WCMS membership dues at the time of making appointments.

Therapists/coaches will take primary responsibility for verifying the eligibility of the member before billing for the first session. They will do so by referring to a list of WCMS members provided by WCMS each month.

The HHP discount does not include counseling, coaching, or other services for spouses, significant others, or family members, unless the therapist/coach requests they join the Member in a session. The client of record will remain only the WCMS Member.

_____ I certify that I am a current dues paying member of the Western Carolina Medical Society and that the 15% discount on these services is contingent upon that status.

4. Contracted Therapists and Coaches

WCMS has selected several different therapists and professional coaches based on their reputation, location, experience, and professional courtesy in delivering these discounted services to its members. Participating therapists may include psychologists, professional counselors, and social workers, and all are licensed for the services they provide. Participating coaches are experienced in professional/life coaching, with preference for coaches certified by ICF and/or American College of Physician Executives.

_____ I understand that although WCMS has vetted the therapists/coaches for general suitability and basic qualifications to provide services, it does not independently verify credentials of therapists/coaches nor does it guarantee their suitability for any particular issue for which I 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/coach, based on their discretion and schedule. There may be a charge to the Member for missed appointments based on coach/therapists' discretion.

6. The Right to Continue or Discontinue Counseling/Coaching

You may discontinue counseling or coaching at any time, although notice of this to the therapist/coach may be required. Referrals to resources or therapists/coaches outside of the Healthy Healer program will not be subject to the 15% discount.

7. Program Independence

Physicians are often concerned about confidentiality and privacy. The Healthy Healer Program is a WCMS initiative, separate and independent from all 3rd parties. These services will not be integrated into ANY mandated program by the NC State Board of Medicine, NC Physician Health Program, peer review boards, healthy system, employer, or other disciplinary efforts around licensure, credentialing or employment. However, WCMS may seek endorsement by such programs as a voluntary means of seeking support and assistance for its members.

8. Program Demographics

An anonymous demographics form will be collected by the therapist or coach and forwarded to WCMS after the initial appointment. Aggregated demographics data will be used for evaluation purposes and may be used to demonstrate the reach of the program to funders and donors.

9. Program Survey

An anonymous program survey and envelope will be provided to the Member during the first appointment with a reminder given by the therapist or coach to fill it out at the end of treatment. Surveys will be sent directly to WCMS by the participating Member, and can be completed anonymously. Participant survey results will be used to evaluate the quality and effectiveness of the Healthy Healer Program.

_____ I agree to honestly complete the Program Demographics and Program Survey forms and understand they may be used by WCMS to evaluate the HHP.

10. Indemnification

Because of the voluntary nature of participating in this program as a member benefit, program participants must indemnify WCMS 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 Western Carolina Medical Society Association and Foundation, its Officers, Boards of Directors, Healthy Healer Committee members, employees, 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 WCMS Healthy Healer Program.

WCMS Member Name (printed)

Therapist/Coach Name (printed)

WCMS Member Signature

Therapist/Coach Signature

Date

Date