



INFORMED CONSENT

While you are receiving services from DAP you may be asked to participate in providing information about yourself, your family history, and private information using standardized measures and assessments that will assist our therapists in providing treatment options that may benefit your family. You will be informed in advance about which documents will be placed in your file.

SERVICES PROVIDED

Interns

Due to DAP's mission and values, the agency hosts interns in various programs. Interns may provide or observe services under the close supervision of staff members. You will be informed of a provider's status as an intern and the name of their supervisor before they are assigned to provide services to you or your family. You have the right to decline service from an intern, and staff will inform you of options to help you to access the services you are requesting.

Volunteers

DAP also utilizes volunteers to assist with data entry, childcare provision, front office duties, through our first call line and in counseling capacities. You will be informed of a provider's status as a professional volunteer before they are assigned to provide individual or group therapy services to you or your family. You have the right to decline service from a professional volunteer, and staff will inform you of options to help you to access the services you are requesting.

Staff

DAP employs staff of various backgrounds and experiences as well as educational levels and licensures. The educational and licensure level of your service provider may depend on the service being provided and the status of the providers progression in their educational journey. As such, we may have staff providing similar services at various levels of licensure. However, to obtain and maintain employment, staff need to maintain required licenses, supervision requirements, and continuing education requirements to maintain employment. You will be informed of a provider's status of licensure and supervisors name and information (when appropriate) at the onset of therapy services.

Observation

As DAP is a teaching facility, and utilizes various standardized interventions, we routinely teach practice methods through observation of practice methods. Observation of service provision is utilized for the following purposes:

- * To learn practice methods and techniques for engaging in domestic violence intervention and prevention work.
- * To receive feedback about individual practice methods and techniques.
- * To ensure fidelity to the treatment model being utilized.
- * To aid other DV partners and organizations in better understanding how we practice and in the creation of DV programming with our state, national and international partners.

Observation of services may include having an observer in your orientation, intake, individual or group session through either an in-person format, via video observation or recording.

Video observation

- * Live stream of individual session/group session through a video camera with the observer(s) in a separate room.
- * Live stream of individual/group session through a virtual platform with the observer(s) in the same virtual room with/without the observer(s) camera on.



Recording

Individual/Group session may be recorded and stored on DAP property, following HIPAA compliant processes. The recording will be permanently deleted immediately after review and/or within two weeks of recording.

All participants will be informed prior to an observation session. By agreeing to obtaining services at DAP, you are agreeing to having aspects of your treatment observed for the purposes listed above.

All other agencies or individuals must have a court order to review participant information in any format. Minnesota law provides that this kind of information cannot be collected, used, stored, or released to others without your permission or advising you of the way this information is treated by DAP.

You have received a copy of DAP's participant rights notice and therapy informed consent that provides this information to you.

CONSENT TO ASSESSMENT AND TREATMENT:

- _____ I give my permission to DAP, to provide mental health assessment using standardized measures and other evaluation tools, therapy and/or consultation services for me and/or my child.
- _____ I understand the nature of the mental health services that I have requested.
- _____ I understand the potential benefits and risks explained to me and that I have the right to decline any service that is being offered.
- _____ I understand that by agreeing to services at DAP, observation of services provided in the format listed above, for the purposes listed above, will be part of my experience.
- _____ By signing this Informed Consent as the Participant or the Guardian of said Participant, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to V9.13.18 me. I am voluntarily agreeing to receive mental health assessment and treatment services for myself (or my child, if said child is the participant), and I understand that I may stop such treatment services at any time.

Participant Name

Caregiver Name (if applicable)

Participant / Caregiver Signature

Date