

**Allegheny County Medical Society Foundation Physician Wellness Program  
PATIENT INFORMED CONSENT TO TREAT**

The purpose of this document:

1. To discuss the unique features around confidentiality and its limits for physicians accessing Allegheny County Medical Society’s Physician Wellness Program (PWP) and a few other program details.
2. To share the PWP policies.
3. To Inform you of your rights and responsibilities in participating and taking advantage of this program.

**Please read this carefully and ask your PWP provider to explain anything you may not understand.**

**By signing in the box below, I acknowledge that I have read, understand, and agree to the terms outlined in this document to participate in and receive the services of the Allegheny County Medical Society Physician Wellness Program, whether accessed as an ACMSF member or a physician of Allegheny County.**

**This form must be filled out for each new 12-month period (benefit year) in which a member seeks services and applies to all qualifying physicians with access to PWP services.**

Client Name (Printed)		PWP Provider Name (Printed)	
Signature		Signature	
Date		Date	
Physician ID	# of Service Hours Allotted	First Appointment Date	

**Definitions for the purposes of this document:**

**“Client” = User of PWP services**

**“PWP Provider” or “Provider” = Mental health provider contracted with ACMSF to offer services.**

**1. Confidentiality**

All services are confidential within the PWP provider- client relationship and are protected by state and federal law. If you wish for your provider to disclose any identifying information (e.g., for a referral), you will provide a written and signed release for the limited purpose(s) you specify.

### Notes/Records

There are two types of records frequently used by providers outside of appointment and scheduling practices- **Progress** notes and **Process** notes:

**Progress** notes are optional notes kept by **some**, but not all PWP providers. They are personal notes kept by the provider and are stored in a separate file from progress notes, either handwritten or electronically. We ensure that any note taken is simply for the therapist to remember the patient from one appointment to another. No use of an EMR system due to confidentiality concerns.

**Some PWP providers use electronic software for scheduling or progress notes.** PWP providers who use computer software or apps for record-keeping purposes may or may not include your name. Due to computer viruses, worms, hacking or human error, your personally identifiable information may be accidentally exposed beyond the PWP providers' intent or knowledge. A PWP provider may use encrypted or unencrypted electronic means such as scheduling software/calendar, saved consent-to-treat forms, telehealth software, email, etc., where your information may be stored.

**Ask your provider about their note-taking practices and the electronic software they use and have a clear understanding of the risks.**

### Exceptions for confidentiality:

Under certain circumstances, the treating provider may have to break confidentiality. Pennsylvania state law requires mental health providers to act to prevent physical harm to themselves **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 order or subpoena.**

If you are, **or appear to be, at risk of impairing patient safety,** the provider will discuss with you the benefits of voluntarily referring yourself to the Physicians Recovery Network or Program for Recovering Nurses. Failure by the client to do so may be cause for the provider to discontinue the client relationship at their discretion.

### Other confidentiality practices:

#### **Clinical Consults:** Confidential

To provide the highest quality services, the provider may consult with the PWP Medical Director, other providers, or the PWP committee when clinically indicated. However, during such consultations, your PII will not be disclosed without your express written or verbal consent, except in an emergency.

#### **Billing:** Confidential

Contracted PWP providers are not allowed to communicate the identity of program participants to ACMSF (or contracting associations) for any reason without the clients's express consent. Billing for PWP services is made without names attached to sessions. Neither ACMSF

nor other contracting associations will have any knowledge of which members have accessed these services on billing records.

**PWP provider audits:** Second source maintaining confidentiality

ACMSF reserves the right to audit the records of providers' service to client members without violating the confidentiality of individual client utilization. Should it exercise this right, ACMSF would retain an independent attorney or CPA firm located far enough away from the Treasure Valley Pennsylvania area to allow for a high assurance of member anonymity.

\_\_\_\_\_ I understand that while my name will not be submitted or otherwise disclosed to ACMSF, my name may be stored in some forms of electronic software by the PWP provider 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 PWP provider.

\_\_\_\_\_ I understand if my PWP provider determines I may be impaired in a way that threatens patient safety, they will recommend I voluntarily sign up for PRN services operating under my licensing board and failure for me to do so is reason for them to discontinue services with me.

## 2. Services Provided

Accessing these services is completely voluntary and based solely on an eligible member's own initiative. Services may include individual or family therapeutic counseling, coaching, consulting, psychological evaluation, and/or referrals.

- ACMSF Members may access up to **four (4) hours of services** with our providers during a **single twelve-month period (your benefit year)**, beginning with the date of the first appointment and ending after 365 days. At the end of the 12-month period, the benefit year resets and starting with the next appointment, a new 12-month benefit period is established. There are currently no lifetime limits to utilization.
- **Other associations** or organizations may contract for a different number of service hours per period with other limitations for their members.
- **If ongoing services are desirable beyond the allotted amount**, the member may make separate payment arrangements with the provider. (For example, if you use all four hours of services, but need more before your benefit period resets, speak with your provider about options such as private pay or using an insurance benefit until your new benefit period begins.
- **Members may utilize more than one of our PWP providers as part of this benefit** based on preference, availability, treatment focus, or location etc. - up to the total allotted service hours in a benefit year by the association under which the benefit is accessed. The member is responsible for informing PWP providers of their total utilization of the program.
- Benefits afforded because of dual membership in more than one association utilizing this service may not be combined – the **number of sessions is per person**.

- PWP does not allow its CONTRACTORS to provide medication management for its members. If a PWP Provider is authorized to prescribe medication, they may refer the member to a qualified provider for this service or discontinue the PWP contractual arrangement and make separate payment arrangements.

\_\_\_\_\_ **Services may include individual or family therapeutic counseling, coaching, consulting, psychological evaluation, and referrals. If ongoing services are desirable, I agree to make separate payment arrangements with the PWP provider.**

\_\_\_\_\_ **I understand that I may utilize more than one of the contracted PWP providers as part of this benefit based on preference, availability, treatment focus, etc. and all appointments are counted towards my yearly allotment.**

\_\_\_\_\_ **I understand that I can only use one qualifying association membership and its contracted limits during a 12-month period from the date of my first appointment.**

### **3. Eligibility**

To access services, **program participants must be current residents or physicians working or living in Allegheny County.** At the time of making appointments. PWP providers will take primary responsibility for verifying the physician's eligibility no later than the first appointment in a 12-month benefit period using means defined by the contracting association, which still provides member confidentiality.

**This benefit is not available to** member spouses, dependents, or domestic partners. However, if a PWP provider and/or member thinks it is useful, these **family members may be invited to sessions, with the approval of the PWP provider.** The client of record must always remain the qualifying member and be present at the appointment.

\_\_\_\_\_ **I certify that I am a current licensed physician living or working in Allegheny County.**

### **4. Contracted Providers**

ACMSF has contracted with numerous PWP providers based on their reputation, location, and professional courtesy in delivering these services to clients. They include Master's Level Licensed Clinical Professional Counselors, Master's Level Licensed Clinical Social Workers, Doctoral Level Psychologists, and psychiatrists (not including medication management.) 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 Pennsylvania (or via multi-state licensure compacts) and carry professional liability.

**All PWP providers are independent contractors or employed by an independent contractor. As such, ACMSF does not directly supervise or control them and are not responsible for their acts or omissions.**

\_\_\_\_\_ **I understand that although ACMSF has vetted the contracting PWP providers for general suitability, basic qualifications, and Pennsylvania licensure to provide services, it does not independently verify all claims of therapists, nor do we guarantee their suitability for any issue for which an ACMSF member may seek counsel. ACMSF is not responsible for acts or omissions of therapists.**

\_\_\_\_\_ I agree to release and hold harmless the Allegheny County Medical Society Officers, Board of Directors, Physician Wellness Committee members, employees, and volunteers, and any other contracting member associations, 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 still count**

Members who arrive late to scheduled appointments are subject to being limited to the time reserved by the PWP provider, based on their discretion and schedule. Missed appointments without at least 24 hours' notice by the member will still count towards the allotted service hours per benefit year.

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

- A good fit with your provider is important. If your needs or goals are not being met, it is your responsibility to choose a different provider who may be a better fit.
- You may request a different PWP provider or referral to another provider outside the PWP. Referrals to resources or providers outside of this program will not be covered by ACMSF.
- You may discontinue services at any time, although notice of this is very much appreciated.
- **You may continue services after the allotted # of sessions during your benefit year, understanding that you will need to make separate payment arrangements with the provider.** If you do so, you will need to sign a different informed consent to treat form with privacy and confidentiality practices specific to the provider's regular practice.
- You may initiate another new 12-month benefit period with the same or different PWP provider any time after your year (365 days after your 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. Also, this program may not be mandated by any employer or training program, although it may be offered for voluntary use.

**This means services are completely voluntary and your PWP providers won't work with, or report to, clients' employers, licensure boards, or any disciplinary board for any kind of "mandated" therapy, or counseling, or evaluation. However, you may request your PWP provider provide progress of your treatment to whomever you wish, and this can be complementary to participating in a recovery program.**

#### **8. Program Demographics**

Some general demographics are collected by ACMSF to help understand utilization patterns and keep it useful to the medical community. Members will be asked to complete a form like the one on the following page, which will collect demographic information for ACMSF and any contracting associations to assess this program. **No individual program participants' identifying information is submitted.** You may obfuscate any detail (other than county/medical society) if you feel the unique combination of your specialty, age, gender, ACMSF Physician Wellness Program Consent to Treat – Updated April 2024

employment, employer, county, etc. reveals your identity.

**Client, please fill out the following.**

Physician Status:

- Active Physician    Retired Physician    Resident

Are you a current ACMS member? Y or N

<input type="checkbox"/> Dermatology	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Family Medicine
<input type="checkbox"/> Hospitalist/Internal Medicine (General)	<input type="checkbox"/> Internal Medicine-Subspecialty NOS	<input type="checkbox"/> Obstetrics/Gynec
<input type="checkbox"/> Oncology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedic, incl S
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatry/Neurology	<input type="checkbox"/> Surgery (not ortho
<input type="checkbox"/> All other specialties or don't want to specify		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Employment Status:

- Residency Program    Hospital System Employed  
 Independent large gp. >=8 providers    Independent small gp. <8  
 Medical Student    Retired/Not Currently Employed    Unspecified

Presenting Challenge (e.g., depression, work related, relationships, etc.): \_\_\_\_\_

Age:

- 25-43    44-57    58-70    71+ \_\_\_\_\_    Unspecified

Gender:

- Female    Male    \_\_\_\_\_ Other

County Practicing in: \_\_\_\_\_

Have you ever used the Physician Wellness Program services before with this Provider or another PWP Provider  Yes    No

Utilization of another PWP Provider within the last 12 months (if applicable)

PWP Provider Name \_\_\_\_\_ Start Date \_\_\_\_\_

# of appointments used with prior PWP provider during last 12 months \_\_\_\_\_

**FOR PWP PROVIDER USE ONLY**

Intake Date _/_/		Date _/_/	Date _/_/	Date _/_/	Date _/_/	Date _/_/	Date _/_/	Date _/_/	Date _/_/
	Billable hour increments								
Billed <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# ALLEGHENY COUNTY MEDICAL SOCIETY

## Physician Wellness Program Evaluation

PUT QR CODE

*Or scan to fill out anonymously*

Member feedback, anonymous or otherwise, is important for us to continue to improve, enhance, and market this program. Thank you for your time

**1. How did you learn or hear about the Physician Wellness Program?** \_\_\_\_\_

**2. How many sessions did you utilize during this benefit period you are evaluating?** \_\_\_\_\_

**3. The challenges or situation that brought you to the PWP are:**

Much improved      Improved      About the same      Worse      Much worse

**4. How easy was it for you to find a PWP provider that could address your needs and schedule with you in a timely manner and in a convenient location?**

Very easy      Somewhat Easy      Somewhat Difficult      Very Difficult

**PWP Providers Name (optional)** \_\_\_\_\_

**5. Was your PWP provider:**

Very helpful      Somewhat helpful      Somewhat unhelpful      Very unhelpful

Comments or details you would like to share: \_\_\_\_\_

**6. Because of your PWP participation, do you think you are better equipped to manage challenges in the future?**

Strongly agree      Agree      Uncertain      Disagree      Strongly disagree

**7. If you knew a colleague who needed help in the future, would you feel comfortable recommending them to the Physician Wellness Program.**

Definitely yes      Probably yes      Maybe      Probably not      Definitely not

**8. Is there anything you learned, resources or tools you utilized, you would encourage others who may be struggling to explore?**

**9. Do you have any other comments or suggestions you would like to share (Biggest challenge with the program or greatest benefit from using the program):**

(Optional) If you are willing to be quoted for what the program has meant to you so we can market it better, please let us know.

You may quote me by  name /  licensure /  specialty Details \_\_\_\_\_

**☐ NO – PLEASE USE FOR INTERNAL EVALUATION ONLY**

**Please print and return to ACMSF Physician Wellness Program, Attn: Melanie Mayer 850 Ridge Ave Pittsburgh PA, or email <mailto:mmayer@acms.org>**

**\*The therapist will keep the Client Intake Form and the Demographic Card with their records. ACMS only request the Evaluation Form (and its entirely optional).**