



Connecting to Care

1024 Mistletoe Lane Suite B, Redding CA 96002
Phone: 530-722-1156 FAX: 530-722-1154

REFERRAL FOR TELEBEHAVIORAL HEALTH SERVICES

Patient Name _____ DOB: _____

Patient Address: _____

City/State/Zip: _____ Phone _____

Current Physician Name & Location/Clinic: _____

Medical Diagnosis or Conditions, Psychiatric Diagnosis, Current Medications, or Substance Abuse: _____

Describe concern/reason for referral: _____

Preference for Behavioral Health: Male Female No Preference (Check One)

Please indicate your preference initial consultation, on-going behavioral therapy, both? (Check One)



CONNECTING TO CARE

Authorization for Use or Release of Information for TeleBehavioral Consultations and Telebehavioral Health Consultation Consent and authorization to disclose, Exchange and Use Information and Records via Tamarck Counseling and Consulting.

I authorize: **Patient Name:** _____ as participants in a TeleBehavioral Health consultation to use, disclose, and exchange, verbally and in writing, information about me for the purpose of collaborating, coordinating, and facilitating services and treatment. I authorize the release, disclosure, and exchange of health information as follows: Name and other personal identifying information, Evaluations and assessments of status and progress, Summaries of history, treatment and results, and if requested, Mental Health Assessment and Treatment, Alcohol and Drug Treatment, Medical treatment records

I understand my right to refuse to sign this authorization. My refusal to sign this form will not affect my ability to receive services from my health care providers, but I may not be able to receive the benefits of participation in the TeleBehavioral Health consultations. I release the source of these records from any liability arising as a result of the exchange of the records. I understand this authorization is effective immediately and subject to revocation at any time for any reason except to the extent action has already been taken. I understand I have a right to receive a copy of this authorization.

Liability Waiver / Release of All Claims

1. As lawful consideration for being permitted to participate in the Connecting to Care TeleBehavioral Health Services Program, I agree that I will not make a claim against, sue, attach the property of or prosecute Connecting to Care and its agents, affiliates and employees for damages for death, personal injury or property damage which I may sustain as a result of my participation in these telemedicine services. This release is intended to discharge in advance Connecting to Care its agents, affiliates and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my participation in the TeleBehavioral Health Services Program, except for liability that may arise out of the willful or wanton misconduct of Connecting to Care and its agents, affiliates and employees.
2. I further understand that Connecting to Care is not providing any clinical or medical services and that TeleHealth involves the electronic transmission of data that is susceptible to technical difficulties and errors that may impact the quality and integrity of data transmitted via the telemedicine services and such technical difficulties and data integrity errors may, directly or indirectly, result in serious personal injuries (including death) and/or property damage, as a consequence thereof. Knowing the risks of participation, nevertheless, I hereby agree to assume those risks and to release and hold harmless Connecting to Care and its agents, affiliates and employees who (through negligence or carelessness), might otherwise be liable to me (or my heirs or assigns) for damages.
3. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Connecting to Care and its agents, affiliates and employees, and I have signed it of my own free will.

I attest that I am eighteen (18) years old or older; or I am the duly authorized legal representative of the participant in the Connecting to Care TeleBehavioral Health Services Program.

Signature of Patient or legal Guardian: _____ **Date:** _____



CONNECTING TO CARE

Authorization and Consent to Participate in TeleBehavioral Consultations

PATIENT/CONSUMER

NAME _____ **DOB** _____

PURPOSE: The purpose of this form is to obtain your consent for a TeleBehavioral Health consultation with Connecting to Care and Tamarack Counseling.

NATURE OF TELEBEHAVIORAL HEALTH CONSULTATION: TeleBehavioral Health involves the use of audio, video, or other electronic communications to interact with you, consult with your health care provider and/or review your medical and mental health information for the purpose of diagnosis, treatment, follow-up and/or education. During your TeleBehavioral Health consultation, details of your medical history and personal health information may be discussed with other health professionals through the use of interactive video, audio and telecommunications technology. Additionally, a physical examination of you may take place and video, audio, and/or photo recording may be taken. Also, non-medical technical personnel may participate in the TeleBehavioral Health consultation to aid in the audio/video link..

RISK, BENEFIT AND ALTERNATIVES: The benefits of TeleBehavioral Health include having access to medical specialists and additional medical information and education without having to travel outside of your local health care community. A potential risk of TeleBehavioral Health is that because of your specific health condition or due to technical problems, a face-to-face consultation may still be necessary after the TeleBehavioral Health appointment. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to TeleBehavioral Health consultation is a face-to-face visit with a health care provider.

MEDICAL INFORMATION AND RECORDS: All laws concerning patient access to medical records and copies of medical records apply to TeleBehavioral Health. Dissemination of any patient identifiable images or information from the TeleBehavioral Health consultation to researchers or other entities shall not occur without your consent.

CONFIDENTIALITY: All existing confidentiality protections under federal and California law apply to information used or disclosed during your TeleBehavioral Health consultation.

RIGHTS: You may withhold or withdraw your consent to a TeleBehavioral Health consultation at any time before and/or during the consult without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

My health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read and agreed to a TeleBehavioral Health consultation.

Signature of Patient/Consumer _____ **or,**

Signature of Patient/Consumer's Representative _____

Relationship _____

Signature of Witness if Patient/Consumer Unable to Sign _____

Printed Name of Witness _____

Date of Signature _____



Connecting to Care Telebehavioral Health



Michael Johnson, PhD,
Licensed Clinical Social Worker
(LCSW # 742)

Michael Johnson, PhD, LCSW

- Depression, mood, and anxiety disorders
- The effects of trauma and PTSD
- Relationship issues
- Aging and Gerontology
- Compassion and recovery
- Grief and Bereavement
- Diversity issues
- Processing disorders including ADHD/ADD
- Severe and persistent mental illness and recovery
- Alcohol and other substance abuse assessment and recovery
- Pain Management
- Caregiver Stress
- Adjustment, life style change, and psychoeducation related to Primary Care and mental health conditions

About Dr. Michael Johnson:

Over 35 years clinical experience in public and private interdisciplinary venues and over 15 years of experience as a University Instructor. Past member Board of Behavioral Sciences (BBS) and current BBS expert witness, subject matter expert, and consultant. Doctorate in Social Work from University of California Berkeley and studied at C.G. Jung Institute in San Francisco. Member: California Society for Clinical Social Work, National Association of Social Workers, Council on Social Work Education

My roots have always been the ocean and the mountains. I enjoy kayaking, hiking, and having my family around me. Retreat destinations for me are Southeast Alaska, the Pacific Northwest, and Kauai. As a martial artist for over 30 years, I remain active as a student for life, instructor, and competitor.

Alyse Stukin, Licensed Clinical Social Worker/Therapist



- Depression, Bipolar and other Mood Disorders
- Anxiety Disorders
- Grief and Loss
- Mental Illness
- Child, Family and Parenting Concerns
- Life Transitions
- Trauma
- Substance Abuse
- Pain Management
- Relationship Concerns

About Me:

I obtained my Bachelors of Science in Psychology at University of California, Santa Barbara and graduated with honors from California State University, Long Beach with my Master's in Social Work. I am dedicated and passionate about my work. I have extensive training in Cognitive Behavioral Therapy through Harbor/UCLA, and am also skillful in Mindfulness Stress Based Reduction and the Emotional Freedom Technique (EFT), allowing a rapid change from self-defeating thoughts into more balanced ones.

I view therapy as a strategy for growth and change between the client and the therapist. I believe you are the expert of your life, and I am here to help you achieve your full potential. My goal is to provide a safe, warm, non-judgmental, trusting environment where you will feel comfortable and at ease.

My approach involves linking the past with the present and I pay close attention to your individual needs as we work on strength based, and solution focused therapy to reach your personal goals. Together, we will explore the patterns and themes in your life that may be preventing you from reaching your goals.

Because therapy is a unique and collaborative process, I adjust my approach and interventions based on your needs, helping you develop insights, to feel more empowered and to heal. Developing coping and communication skills, instead of using negative and self-destructive patterns is a large focus of our work.

By incorporating mindfulness techniques, clients are more able to be in the "here and now" and gain essential tools and skills for creating a more satisfying life. The Cognitive-Behavioral approach is based upon changing thoughts and behavior patterns. Your thoughts precede your feelings, and by learning to have more "self-balancing thoughts" you can successfully change the way you feel, thus creating a happier life. Clients have found this approach easy to learn, and effective.

For a balanced life, I enjoy spending time with my family, reading, hiking, and Qi-Gong. Being a lifelong learner, I avidly pursue knowledge in many forms.