



Informed Consent Statement – Physicians

- **Program:** The Center for Physician Wellbeing (CPW) provides confidential assessment, referral and/or counseling and executive coaching to all AdventHealth physicians and their families.
- **Fees:** Six (6) meetings with a CPW therapist are offered at no direct cost to the physician and/or physician couples. Often more than six sessions are needed; a client may choose to continue with her/his CPW therapist for a fee of \$125 per session. Payment is due at the time of service. CPW accepts cash or checks payable to The Center for Physician Wellbeing.
- **Scheduling:** Services are provided by appointment only. Therapy sessions are approximately 50 minutes.
- **Canceling or Rescheduling Appointments:** If you wish to cancel or reschedule an appointment, we request that you give 24 hours prior notice in order to avoid incurring the charge for the session. Your cooperation in this matter will allow us to make this time available for another client. Arriving 15 minutes or more after a scheduled appointment time may necessitate rescheduling the appointment. Therefore, please call the office (407-303-9674) if you cannot arrive at your appointment time.
- **Childcare:** The AdventHealth CPW does not offer childcare services and we request that childcare arrangements be made prior to your appointment.
- **Release of Information:** CPW will not discuss a client’s personal problems with, or release any information to, the referring individual, or anyone else, except as required or permitted by law, as needed for professional clinical consultations without expressed written consent. Information concerning the use of CPW will not be given to anyone outside of CPW except as required by law or as described herein. Client records or information will not be made a part of the physician’s personal medical staff record (except for Mandatory Referrals or Fitness for Duty evaluations).
- **Medical Staff Officers Referral:** If a physician is referred by a medical staff officer because of work performance problems or citizenship issues the referral will be coordinated in advance. The CPW therapist, after obtaining a release of information from the physician, will confidentially advise the referring medical staff officer of evaluation, treatment recommendations and adherence. The physician will be notified that this communication is taking place prior to communication of same.
- **Mandatory or Fitness of Duty:** If a physician is referred by the Physician Health Advisory Committee, after obtaining a release of information from the physician, CPW will confidentially inform the referring individual about whether the physician has kept the appointment and fitness for duty determination.
- **Dangerous Situations:** If the referrer or CPW staff believes that the client or another person or property is at risk of harm, or it appears that an illegal act or threat thereof has been committed against CPW or the company or their staff, CPW may disclose information to prevent harm or to protect against criminal acts.
- **Florida Statutes 415 (Abuse Laws):** If CPW staff knows or has reasonable cause to suspect abuse or neglect of a child, disabled, or aged person, a report to the appropriate authorities is required by law.
- **Voluntary Participation:** Participation by a physician in CPW is voluntary; this includes mandated assessment and/or therapy.

I release and agree to hold harmless the company, CPW and their staff and agents, from any action or liability arising out of my participation in CPW. I have read this Informed Consent Statement and comprehend its contents. I have received the CPW Client Services Agreement and Privacy Policy, and I consent to these terms.

Signature of Client

Date

Signature of Counselor

Date

Signature of Parent/Guardian

Date