

## CORNERSTONE BEHAVIORAL HEALTHCARE

### REC.2.D BLENDED FAMILY RECORDS

Individualized records will not be required in instances in which conjoint family treatment services are provided, under the following conditions:

- (1) Informed consent must be obtained for the conjoint treatment record keeping and such consent shall be documented by using the form **Informed Consent for Maintenance of a Blended Family Record for Conjoint Family Treatment Services**.
- (2) If any family member previously received treatment at Cornerstone, other than conjoint family treatment, an extracted individualized discharge summary shall be placed in that family member's individualized record.
- (3) If any family member chooses to withdraw this consent to have treatment records blended, confidential records must be separated and maintained for that family member.
- (4) If any family member requests the release of his or her records subsequent to the termination of conjoint family treatment services, Cornerstone shall respond to this request by providing an extracted individualized discharge summary. Cornerstone shall not release information concerning an individual family member without that family member's written consent.
- (5) Nothing in this procedure shall preclude individualized record keeping by Cornerstone or any of Cornerstone's programs. Intake data, evaluations or assessments collected or performed for the purposes of determining eligibility for conjoint family treatment services are not treatment records for the purposes of this exception, therefore these documents will be kept separate in individualized records.

  
Executive Director/Date

Reviewed and revised: 12/13/10; 11/05/14

**CORNERSTONE BEHAVIORAL HEALTHCARE**

**INFORMED CONSENT FOR MAINTENANCE OF A BLENDED FAMILY  
RECORD FOR CONJOINT FAMILY TREATMENT SERVICES**

File# \_\_\_\_\_

We, \_\_\_\_\_ grant permission to Cornerstone's \_\_\_\_\_  
*Family Members' Names* *Program*

to maintain one clinical record for our family. I understand that, by signing this form, we are:

Giving up our right to individualized comprehensive assessments, service plans, progress notes and discharge summaries, which would be based upon our individual mental health needs and describe our individual progress and treatment.

We understand that, at any time, any of us may withdraw this consent and have confidential records maintained for us. We understand that no records of our treatment may be released without our approval or, if indicated, that of a guardian, as outlined in the **Rights of Recipients of Mental Health Services** and the **Rights of Recipients of Mental Health Services Who Are Children in Need of Treatment**. We also understand that our blended family records may not be released without permission of all members of our family for whom this record is kept.

I understand that the content of a blended family record reflect the family based characteristics of the treatment to which we are consenting.

Further risks may include:

Further benefits may include:

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*Signature: Client* *Date*

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*Signature: Client* *Date*

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*Signature: Client* *Date*

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*Clinician* *Date*