



Confidentiality and Informed Consent Agreement

Client Name: _____

Date: _____

This Confidentiality and Informed Consent Agreement outlines the terms under which Compass Asia and its affiliated personnel will engage with you, your sending church, and your mission agency regarding your care and treatment. By signing this document, you agree to the following terms:

I, _____, hereby consent to allow Compass Asia to coordinate with my sending church and mission agency in matters relating to my care and treatment plan. This coordination is intended to ensure that I receive the most effective care and support. I understand that the communication between Compass Asia and these entities will:

- Focus on collaborative planning and implementation of my care and treatment.
- Exclude specific details about my physiological or medical health unless explicitly agreed upon by me.
- Involve discussions aimed at enhancing the overall effectiveness of my care plan.

Authorized Parties

I give permission to the following parties to be involved in my care and treatment planning:

- Dr. Lance Lee, in his capacity as the Clinical Director of Therapy Services, will develop my care and treatment plan.
- Ms. Rachel Chand, Executive Director of Compass Asia, will act as a liaison, presenting my care plan to me and, upon my approval, forwarding it to my sending church and mission agency.
- Affiliated professionals associated with Compass Asia, including but not limited to:
 - Marriage and family therapists
 - Licensed counselors
 - Trauma therapist
 - Crisis therapist

- Psychologists
- Psychiatrists
- Biblical Counselors
- Spiritual Directors

Telehealth Considerations

I understand that the services provided by Compass Asia, including care planning and coordination, may be delivered through telehealth platforms. I acknowledge and agree that:

- Telehealth services adhere to applicable confidentiality and data protection standards.
- Compass Asia is not liable for any risks inherent to telehealth technology, including but not limited to data breaches or technical failures.

Confidentiality and Limitations

I acknowledge and agree that:

- Compass Asia will take reasonable steps to protect the confidentiality of my personal and health information in accordance with legal and professional standards.
- The communication shared with my sending church and mission agency will be limited to information pertinent to my care and treatment plan.
- Compass Asia is not responsible for any decisions, actions, or outcomes arising from my mission work or the interactions between my sending church and mission agency.

Client Responsibilities

By signing this agreement, I confirm that:

- I will actively participate in the care and treatment planning process.
- I will provide accurate and complete information to Compass Asia and its caregivers.
- I understand that my approval is required before my care plan is shared with my sending church and mission agency.

Revocation of Consent

I reserve the right to revoke this consent at any time by providing written notice to Compass Asia. I understand that any revocation will not apply to information or actions already shared or taken under this agreement prior to the date of revocation.

Acknowledgment of Understanding

I have read and fully understand this Confidentiality and Informed Consent Agreement. I acknowledge that I have had the opportunity to ask questions and seek clarification about its contents. By signing below, I agree to the terms outlined herein.

Client Signature: _____

Date: _____