

INFORMED CONSENT FOR TREATMENT

You have certain rights and responsibilities when consulting a psychotherapist or counselor for treatment.

1. You have the **RIGHT TO REFUSE TREATMENT** at any time and for any reason. In the case where a minor is the patient/client, then the parents or legal guardian has the right to refuse treatment at any time. It is my hope that if you have concerns regarding your treatment or wish to discontinue that you will discuss this with me.
2. You have the **RIGHT TO CHOOSE THE BEST TREATMENT AND PROVIDER**. There are a variety of professionals offering counseling and psychotherapy and a number of different approaches to working with human problems. It is your right and responsibility to choose the one that best suits your needs. If you believe that you are not getting the treatment that you require, then raise this concern with me and I will work with you to revise your treatment plan or to refer you to other professionals who may be able to meet your needs.
3. You have the right to confidentiality. This means that whatever you tell me will not be repeated to anyone else without your expressed permission. (i.e., by a Release of Information). There are however some exceptions to complete confidentiality. These are:
 - a. **CHILD OR ELDER ABUSE**: Generally therapists are required by law to report any known or suspected cases of child or elder abuse to the Children's Services Division or other appropriate state agency.
 - b. **VIOLENCE**: If a therapist learns that someone is about to kill or do harm to someone else, then she/he will do her/his best to warn the intended victim.
 - c. **SUICIDE**: If a therapist learns that a client intends to harm her/himself, then the therapist will breach confidentiality to the extent necessary for her/his protection.
 - d. **NON-CUSTODIAL PARENTS**, by law, can gain access to their child's records and/or testing material.
 - e. **INSURANCE**: Insurance companies may require information about your diagnosis and treatment in order to process claims.

I understand these rights and responsibilities.

Signed: _____

Date: _____