

# Consent to Treatment

\_\_\_\_\_ agree(s) to meet with  
(Name(s) of client(s))

\_\_\_\_\_ for the purpose of counseling.  
(Therapist)

## ***Confidentiality***

It is important that you understand that all information about your assessment or treatment is kept confidential. Even within our agency, information regarding your case is only shared with those professionals (e.g., supervisors and professional therapy staff) who may confer with your therapist about your case. In order to protect your confidentiality, we adhere to strict procedures which prohibit us from responding to any written, telephone or personal inquiries about you without a written release of information signed by you. Even then we may advise you to withhold information if we feel that it is in your own best interest. **However, information about your assessment and/or treatment which would otherwise be confidential may be disclosed without your consent:**

- When we are required by law to report the suspected abuse or neglect of a child or an elderly person
- When we are court ordered to release information
- If, in our professional judgment, you or your child are at imminent risk of harming yourself or someone else
- To your parent or guardian if you are under the age of 12

You may authorize the release of information by signing a release form giving permission for specific information to be released to specific people for a specified period of time. Children 12 or older may legally release information but parental permission is requested.

## ***Your Responsibilities as a Client***

As a client of TriCity Family Services you will be expected to:

- Talk openly and honestly with your therapist, not only about your problems, but also your strengths
- To not use any drugs or alcohol, other than those prescribed by a physician, before or during an interview. (If, in the judgment of a therapist, you come to the agency so impaired as to present a danger to yourself or others, the interview will not be conducted and you will be asked to not leave the agency until a safe method of transportation to your residence is found)
- To make every effort to attend your appointments as scheduled and to neither fail nor cancel those appointments except for reasons beyond your control
- To not terminate therapy without at least reviewing your treatment with your therapist either in a final session or by phone
- To give feedback to the agency about the services you have received by completing and returning the Client Satisfaction Surveys as requested

## ***Discontinuation of Services***

While our fundamental commitment is to help you achieve your treatment goals, services may be discontinued: 1) if at any time, your behavior becomes unsafe toward anyone involved in your treatment; 2) if you fail to honor your financial obligations and do not make alternative payment arrangements with the agency; 3) if you cancel or fail an appointment and, after several attempts by your therapist, you cannot be reached for re-scheduling purposes; or 4) if, in the opinion of your therapist, the services you need are not available at this agency.

***Your Therapist's Duties and Obligations***

- To treat you with dignity and respect
- To listen to your concerns, help you identify your strengths, set realistic goals, and discover constructive ways to solve your problems
- To evaluate your progress with you on a regular basis and, should the problems for which you sought counseling not improve, to make every effort to connect you with other services or providers more suitable to your needs.

***If You are Seeing an Intern Therapist...***

I understand that the person providing services is completing his/her graduate training from September to May and is a therapy intern at TriCity Family Services. I understand that this therapy intern is under the direct supervision of Greg Watson LCSW, LMFT, ACSW. Furthermore, if I have any questions or concerns regarding my therapy that my intern therapist cannot answer to my satisfaction, I may contact her or his supervisor directly. I authorize the therapists and consultants of TriCity Family Services to observe sessions and to audio and video tape the sessions of myself and family members to aid in the direct supervision of my intern therapist's work with myself and my family. I understand that this consent may be revoked at any time by informing my therapist in writing.

***A Final Word About the Risks of Counseling...***

It's important to understand that counseling, like virtually every other form of health care, is not without risk. Perhaps the greatest risk of counseling is that by itself it may not resolve your problem or concerns. Please keep in mind that counseling may involve discussing relationships, psychological and/or emotional issues that may at times be distressing. There is also no guarantee that if counseling is successful in helping you change, others will accept or feel comfortable with those changes.

Finally, it's important to understand that while you have the right to not follow the treatment recommendations made to you, and may even choose to refuse treatment, doing so may result in the problems for which you are seeking help staying the same or possibly even getting worse.

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**Our signatures affirm that the aforementioned therapist has disclosed to us in simple, non-technical language the nature of the therapy, including the material risks and benefits, and the alternatives available to us and the risks of no treatment. This disclosure was understood by us and enabled us to make an informed consent to this treatment. We understand that we may revoke this consent at any time without penalty.**

**We agree to make every effort to attend our appointments as scheduled and to neither fail nor cancel those appointments except for reasons beyond our control.**

**Client Signatures:**

_____	_____
_____	_____
_____	_____

**Therapist Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_