



Office Policy and Consent for Treatment Form for Behavioral Health Services

The Therapy Process – Participating in therapy may result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part and, at times, may result in some discomfort. Remembering and resolving unpleasant events through therapy can bring on strong feelings of anger, depression, fear, etc. Attempting to resolve issues between marital partners, family members and others can also lead to discomfort and may result in changes that were not originally intended.

Confidentiality – All that is disclosed during sessions is confidential and may not be revealed by your therapist to anyone without your permission except in those instances where disclosure is required by law. Disclosure may be required in the following circumstances: When there is a reasonable suspicion of child abuse or elder/dependent adult physical abuse; where there is a reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm him or herself unless protective measures are taken; under court orders such as via The Patriot Act of 2001. Disclosure may also be required pursuant to a legal proceeding.

Children and Adolescents also have an ethical right to a confidential therapeutic relationship. However, the law provides that the parent or legal guardian is the “holder of the privilege” which means that they have the right to allow or disallow the release of confidential communications to others. Your therapist will discuss with you a specific agreement concerning what will be discussed with parents and what will be kept private. Generally, information that affects the immediate welfare and safety of children and adolescents is discussed with parents along with information needed to improve the relationship between parent and child.

Payments for Service – Payment, including co-insurance, co-pays and sliding fee payments are due at the time of service. Clients are responsible for all charges and fees for services rendered, except any that might be covered by insurance.

Cancellation – Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required to reschedule or cancel an appointment.

Consent for Treatment – I, _____, authorize and request that Friends of Family Health Center Behavioral Health Department conduct psychological examinations, treatments and/or diagnostic procedures which now or during the course of (my care/my child’s care) are advisable. I understand that the purpose of these procedures will be explained to me and be subject to my agreement and consent.

I have read and fully understand this Office Policy and Consent for Treatment Form.

Patient, Parent or Legal Guardian Signature

Date

Witness Signature

Date