



Informed Consent to Treatment

Client _____

Chart # _____

I, _____, the undersigned, hereby attest that I have voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship mentioned above, at Family Counseling Center, hereby referred as the Center. Further, I consent to have treatment provided by a psychiatrist, psychologist, social worker, counselor, or intern in collaboration with his/her supervisor. The rights, risks and benefits associated with the treatment have been explained to me. I understand that the therapy may be discontinued at any time by either party. The clinic encourages that this decision be discussed with the treating therapist. This will help facilitate a more appropriate plan for discharge.

Client's Rights and Responsibilities: I certify that I have received the Client's Rights information and certify that I have read and understand its content.

Expectations: Counseling is based on the relationship you develop with your counselor. Every case is unique, but generally you can expect the following:

- Education: You can expect some information and education about what you are facing.
- Assignments: Homework is a vital part of making the most of your counseling process.
- Client Centered: You can expect to have topics that revolve around you and your concerns.
- Sharing: You will be asked questions and there is an expectation that you will openly share your thoughts and feelings.
- Discovery: Expect to examine yourself through looking at your thoughts, feelings, and behaviors.
- Length of Treatment: Sessions last 45-50 minutes. In most cases, therapy will last a minimum of 10 sessions.
- Frequency of Appointments: One session per week is typical but can be adjusted to meet individual needs.
- Interruptions: It is in your best interest to have uninterrupted care. Time between sessions can substantially lessen the desired effects of treatment.

Non-Voluntary Discharge from Treatment: A client may be terminated from the Center non-voluntarily, if: A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts at the clinic, and/or B) the client refuses to comply with stipulated program rules, refuses to comply with treatment recommendations, or does not make payment or payment arrangements in a timely manner. The client will be notified of the non-voluntary discharge by letter. The client may appeal this decision with the Clinic Director or request to re-apply for services at a later date.

Client Notice of Confidentiality: The confidentiality of patient records maintained by the Center is protected by Federal and/or State law and regulations. Please refer to the Privacy of Information Policy which will address all matters of confidentiality.

Risks: Therapy is very safe, but there are some risks. The biggest risk is the result of change. Change can have an undetermined impact on your life and in significant relationships. Another risk is emotional pain or anxiety but should be elevated with continued treatment.

Benefits: Change is also the most significant benefit of therapy. You will learn new way of interacting, thinking, and behaving. Often changes will result in the reduction of problems and reported symptoms prior to therapy.

About your Counselor: As you review this form with your counselor, he/she should explain their individual counseling style. This should include qualifications, approach to therapy, school of thought, and other information. If you have any questions, now or later, feel free to ask your counselor.

I consent to treatment and agree to abide by the above stated policies and agreements with _____ Family Counseling Center.

Signature of Client/Legal Guardian

Date

(In a case where a client is under 18 years of age, a legally responsible adult acting on his/her behalf)

Therapist

Date