

Informed Consent for Treatment

Please INITIAL each of the following statements and sign below:

I consent to seek treatment from Danielle M. Allen

I understand and have received a copy of “What You Should Know About Your Counselor”

I understand and have received a copy of “What You Should know About Counseling”

I understand and have received a copy of “Notice of Privacy Practices”

I understand that I may terminate therapy at any time, but am encouraged to discuss it with my counselor to facilitate a more appropriate plan for discharge.

I understand that counseling is a process. Sometimes, things may get worse before they get better. I also understand that if counseling doesn’t seem to be working, it is important to speak with my counselor about this. A referral to another counselor or to a specific service may be needed.

Various counseling techniques may be utilized during the course of my treatment. Unless otherwise noted in writing, I hereby consent to the use of any counseling techniques utilized by my counselor during the course of treatment. I will speak with my counselor if I have questions about this.

I understand that emails or texts are sent over the internet and cannot be guaranteed to remain confidential. I understand that if I send clinical or personal information via email or text, the email or text must be printed and placed in my file.

I understand that all information pertaining to my counseling experience, including knowledge that I am being seen for counseling, is strictly confidential. By law, information cannot be released in spoken or written form without my signed consent, with the following exceptions:

1. There is a clear and serious indication of doing self-harm.
2. There is a clear and serious indication of danger to someone else.
3. There is indication that a child, person with disability, or elderly person have been abused, exploited or neglected.
4. My counselor is ordered by a court of law to disclose information.
5. In cases of minors, parents are by law privy to their information unless the parents and counselor have agreed to other alternatives in providing services.

I understand that in case of an emergency, I should call 911 or go to an emergency room.

Please initial **one** of the following statements and sign below.

I **DO** allow my counselor to communicate with me via email or text for scheduling purposes only. I do understand that full privacy cannot be guaranteed.

I **DO NOT** allow my counselor to communicate with me via email or text for scheduling purposes. I will need to speak with my counselor on the phone to schedule an appointment.

Acceptance of Terms: I/We understand and agree to all of these terms and will abide by these guidelines. When you sign this contract, it will represent an agreement between us.

Client Name (printed): _____ Date: _____

Signature of Client /Legal Guardian _____ Date: _____

Counselor: _____ Date: _____

Consent for Treatment of Minors (if applicable)

This is to certify that I am the legal guardian for the child(ren) named below, and that I give my permission to Danielle M. Allen to provide counseling for my child(ren). Types of counseling may include individual, family, play therapy and group counseling. This treatment may also include referrals to other appropriate professional agencies. I understand that I will be kept informed about the treatment options reserving the right to accept or decline treatment recommendations.

Child's Name _____ Child's Name _____

Child's Name _____ Child's Name _____

Signature of Legal Guardian _____ Date _____