

INFORMED CONSENT FOR PSYCHOTHERAPY TREATMENT

Please initial each item below:

_____ I hereby voluntarily consent to enter mental health treatment with Dreamline Counseling Services, LLC for myself and/or minor child.

_____ I understand that all information disclosed during the course of therapy will be held in confidence with the exception of intervention with threats of harm to myself or others, allegations of child abuse or neglect and/or court ordered disclosures. I understand that Dreamline Counseling Services, LLC has a legal and ethical obligation to disclose this information and will make every effort to discuss this with me should the need arise.

_____ I understand that all information will be held in the strictest confidence and will not be released to any one without my prior specific written permission. (Please see the Privacy Notice)

_____ I understand that I will expect to be an active participant in my treatment. I acknowledge that there is never a guarantee in the outcome of my therapy and may withdraw from treatment whenever I desire. I acknowledge that all my records are property of Dreamline Counseling Services, LLC

_____ I understand that co-pays and deductibles related to services are my responsibility and I will notify the office prior to my appointment if payment assistance is needed.

_____ I understand that I will be expected to notify the office of the need to reschedule an appointment at least 24 hours in advance. I will commit myself to keeping my appointments as scheduled.

_____ I understand that as a parent, I am responsible for my child while attending an appointment at Dreamline Counseling Services, LLC. Staff will not provide child care.

_____ I understand that failure to cancel an appointment or not showing up for 3 consecutive sessions may result in permanent removal from the schedule.

_____ I have received a copy of the Office Policies and Procedures and agree to abide by these policies and procedures.

CLIENT'S SIGNATURE

DATE