

On Deck Counseling, PLLC
Consent to Treatment and Recipient's Rights

Client: _____

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 On Deck Counseling, PLLC, hereby referred to as the Center. I consent to have treatment provided by a counselor. 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.

Recipient's Rights: I certify that I have received "Your Information. Your Rights. My Responsibilities." and certify that I have read and understand its content. I understand that as a recipient of services, I may get more information from the counselor.

Non-Voluntary Discharge from Treatment: A client may be terminated if: A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts at the Center, 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 request to resume services at a later date.

Client Notice of Confidentiality: The confidentiality of patient records is protected by Federal/State law and regulations. Violation of Federal/State law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Federal/State law and regulations do not protect any information about a crime committed by a patient either at the Center, against any person who works for the program, or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect, or adult abuse from being reported under Federal/State law to appropriate State/Local authorities. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is the Center's duty to warn any potential victim, when a significant threat of harm has been made. In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records. Professional misconduct by a health care professional must be reported by other health care professionals, in which related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records. When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about client, not clinical information. My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original.

Please check the method(s) you agree to receive messages from On Deck Counseling/Iris Kuykendall, MS, LPC:
_____ email* _____ home phone _____ cell phone _____ text _____ other _____
Provide email and/or phone/text number here: _____

Please check the method(s) you agree to receive billing statements (if any) from On Deck Counseling:
_____ email* _____ home address _____ other _____
Provide email and/or address here: _____
**When possible, all email messages/statements will be sent via secure/encrypted messaging.*

I consent to treatment and agree to abide by the above stated policies and agreements with On Deck Counseling.

Signature of Client

Date

Counselor/Therapist

Date