



Informed Consent for Services

Client Name: _____

DOB: _____

I, _____, am voluntarily consenting (or am giving my consent, if the client is a minor who is under my legal guardianship), to treatment and/or services provided by Lotus Counseling & Wellness Center and/or its employees.

Additionally:

- The rights, risks, and benefits associated with these services have been explained to me.
- I have been informed of, understand, and agree with the nature and purpose of evaluation, coaching, and/or treatment or other services, the approximate length of treatment/services, and alternative treatment/service modalities that may be used throughout the course and scope of my treatment/ services with Lotus Counseling & Wellness Center.
- I have read, understand and agree with the HIPAA Privacy Practices contained in the New Client Packet.
- I understand that I have the right to discontinue or withdraw from this treatment / coaching services at any time.
- Disclosure of PHI for Emergency Purposes: I authorize Lotus Counseling & Wellness Center to disclose my PHI in case of an emergency and (b) to release or obtain any PHI to and from hospitals, the police, or other health care and/or related providers, which is necessary to aid in the emergency situation, but only to the extent that is necessary for the emergency, and as allowed by HIPAA Privacy Policy.

I understand the Limitation of Confidentiality as listed below:

- Abuse of Children and Vulnerable Adults: If a client states or suggests that he or she is abusing a child or vulnerable adult or has recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse, a mental health professional is required to report this information to the appropriate social service and/or law enforcement.
- Duty to Warn and Protect: When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim when possible and report this information to law enforcement. When a client discloses or implies a plan for suicide or fatal risk of self-harm, the mental health professional is required to notify legal authorities and make reasonable attempts to notify the family and/or legal guardian of the client.

By signing below, you agree that you have read, understood, and accept the above information.

Client Name

Client Signature

Date

Legal Guardian Name (if client is a minor)

Guardian Signature

Date

*If signing for a minor client, I hereby state that my parental rights and/or guardianship has not been revoked by a Court of law.