

INFORMED CONSENT FOR SERVICES OFFERED

Directions: Please read and sign this "Informed Consent for Services" prior to participation in treatment.

MENTAL HEALTH SERVICES

We recognize that it's not easy to seek help for substance use or mental health concerns; we hope that counseling will help you better understand and will help you move toward resolving difficulties. Our therapists, counselors, and interns work within the context of each individual's belief system recognizing that the client is the expert in their own life. We provide our clients with continued support to build skills, confidence, and motivation for a healthier and happier lifestyle. The client may choose to change their mental health provider or organization at any time.

Psychotherapy, or "talk-therapy", is a beneficial treatment method for many mental health conditions. It may offer benefits of improved interpersonal relationships, stress reduction, and a deeper insight into one's life, values, and development. It requires a great deal of motivation, discipline, and work on the part of the therapist and client for a therapeutic relationship to be effective. Clients will have varying success depending on the severity of their complaints, their capacity for self-reflection, and their motivation to apply what is learned outside of sessions. Clients should be aware that the process of therapy may bring about unpleasant memories, feelings, and sensations such as guilt, anxiety, anger, or sadness, especially in the initial phase and when such feelings arise this should be discussed with the clients identified therapist directly in session.

ASSESSMENT AND TREATMENT RECOMMENDATIONS

At your initial visit, your therapist will conduct a thorough review of your current complaints and of your background. By the end of the initial visit your therapist will offer their treatment recommendations and you will discuss your treatment options. Oftentimes, however, a combination of psychotherapy (which includes various levels of care), neurofeedback treatment, and medication management is ideal.

PSYCHIATRIC SERVICES

Psychiatry services can be a vital part of mental health treatment. Psychiatrists are uniquely positioned to understand both the mind and the body and are enabled to diagnose, prescribe, and provide psychotherapy when needed. Psychiatrists may give the same person a different diagnosis than their identified therapist. This is why each client's treatment is highly individualized and often cannot be accurately cross-compared. A psychiatric evaluation is similar to what a primary care doctor may do, the evaluation includes an overview of client symptoms and a determination of whether or not medication is a good option for treatment. Medication will only be provided if the prescriber determines that it is needed and will benefit the client's mental health. A psychiatric evaluation does not automatically ensure ongoing psychiatric treatment and/or medication management.

RISKS OF MENTAL HEALTH SERVICES

To allow you to make an informed decision about your treatment, we have chosen to discuss the possible risks of mental health treatment. You may experience discomfort such as anger, depression, or frustration during your treatment as you remember and resolve unpleasant events. Seeking to resolve concerns involving interpersonal relationships may cause discomfort as well as relationship changes that may not be originally intended. The greatest risk of therapy is that it may not by itself resolve your concerns. We do our best to assess progress on a week-to-week basis. If a situation fails to improve or a situation deteriorates, we will provide a referral to another professional for consultation or treatment.

TREATMENT OF CHILDREN

We offer mental health services for children and their families. When treating children, active involvement from the parent and/or legal guardian of the child is important in order to make progress in the child's treatment and to receive consistent, updated information on the minor that can be crucial to progress in their treatment and treatment planning. In order to ensure active parental involvement in the child's treatment with provider, we require the parent and/or legal guardian to attend at least one session per month with the child. We also require the parent and/or legal guardian to attend the first two sessions with the child in order to ensure accurate assessment and treatment planning for child however, this amount of involvement may be subject to change at providers discretion based on the needs of the child throughout treatment.

We do not conduct investigations or provide custody or visitation evaluations; however, we do require legal documentation of guardianship to be provided at the time of the initial visit. It is also preferred to have a copy of the current custody arrangement.

Initials

If you have joint legal custody of a child, it is your responsibility to inform the non-signatory parent and/or legal guardian of the child's medical treatment at our clinic. We do not assume the liability of informing the non-signatory parent and/or legal guardian of the child's treatment. You shall insure and hold the provider harmless from and against any and all claims arising from the non-signatory legal parent and/or guardian violations of his/her rights to know of your child's treatment at our clinic, including, but not limited to, all damages, costs, attorneys fees, expenses, and liabilities arising from your failure to inform the non-signatory parent and/or legal guardian of your child's treatment. Please be aware that the child's parent and/or legal guardian are entitled to access child's medical records and, upon proper identification and documentation, provider will release such information in accordance with state and federal regulations and/or court order by a signed judge.

If there is a dispute between you and the child's non-signatory parent and/or legal guardian as to the child's treatment at our clinic, the dispute must be settled by you and the child's non-signatory parent and/or legal guardian in writing and given to your provider. If you and the child's non-signatory parent and/or legal guardian cannot agree to child's treatment at our clinic, you may have a court resolve the issue. We will abide by any valid court order regarding the child's treatment with the provider. Provider may decline to treat the child until such disputes are finally resolved, unless imminent bodily harm to child and/or others would result from the providers refusal to treat the child or if child is in danger or suffering a serious health hazard if our services are not provided to the child.

PROFESSIONAL GROWTH AND OPPORTUNITY

We support an environment of continual professional growth within the field of mental health. As part of this growth and development we are a teaching site and we strives to be a leader in mental health services. At our agency we assist in professional growth and development with the employment of Clinical Therapist Interns. A Clinical Therapist Intern is a supervised paraprofessional that has completed at a minimum a master's level education and needs to accrue approximately 3,000 hours of post-graduate supervised experience before becoming a fully licensed therapist. These hours are usually accumulated over a two-year period and while supervised these staff also participate in a minimum of once weekly clinical supervision with a fully licensed therapist to continue development of clinical skills. Please check mark below to choose whether or not you are comfortable seeing an intern level therapist at our agency.

ABOUT YOUR PROVIDER

Provider is an independent, private-practice mental health organization and is comprised of many mental health professionals who assist in the treatment of an individual, family, or group in the process of personal change.

CONTACTING YOUR PROVIDER

Due to the nature of the mental health profession, clinical judgment is often made by a mental health professional in regards to the safety and security of a client's personal wellbeing. With the advancement of technological communications, some technological communications that are often beneficial for instant communication hinder a mental health professional's ability to assess clinical judgment for the safety and security of a client's personal wellbeing. Therefore, text messaging (i.e., texting) and instant messaging electronic communications (i.e., internet instant messengers) are restricted forms of communication by the client to their mental health professional.

Also, due to the nature of all communications in the technological age, we cannot guarantee the complete nature of confidentiality when corresponding with others through telecommunications. All clients are aware of the "risk" of various forms of telecommunication (cell phone, e-mail, video chatting, etc.) and the limitations of the provider's ability to completely reduce the risk of outside interference with your confidential information.

A client may electronically mail (i.e., e-mail) or call their mental health professional for non-emergency communications, such as scheduling appointments, cancellations of appointments, and non-psychiatric questions or concerns.

All psychiatric concerns (i.e., thoughts or plans of hurting oneself or another) should be telephone calls to the mental health professional or a direct call to "911" in the event that the mental health professional is unavailable to retrieve the call.

CONFIDENTIALITY

Confidentiality means that mental health professionals and their supervisors have a responsibility to clients in regards to safeguarding information obtained during treatment. It is important that you understand that all identifying information about your treatment is kept confidential. In order to protect your confidentiality, any written, telephone, or personal inquiries about clients without their expressed, written consent will not be acknowledged. For individuals under the age of 18, parents/legal guardians may obtain information about the under 18 individual and their participation in mental health treatment though we asked parents/legal guardians respect the privacy of confidentiality for these individuals during their participation in treatment.

Initials

LIMITS OF CONFIDENTIALITY

It is important that you understand that the laws in the State of Nevada allow exceptions to confidentiality. In certain situations, mental health professionals are required by law to reveal information obtained during your sessions to person(s) or agencies without your permission. Examples of such limits of confidentiality for mental health professionals are when clients state that they want to hurt themselves (suicidality) and/or hurt another identifiable person(s) (homicidally). Also, "Court Orders" may reduce or limit your right to confidentiality with mental health treatment.

Within the State of Nevada, all mental health professionals are also deemed to be "Mandated Reporters". A "Mandated Reporter" is required by law to inform the State of Nevada of any known or suspected forms of abuse/neglect in regards to the following individuals: Abuse/Neglect of a Child, Statutory Sexual Seduction (A person 18 years of age or older with a person under the age of 16; NRS 200.364[3]), Abuse/Neglect of an Elderly Individual, and Abuse/Neglect of a Mentally/Physically Handicapped Individual.

If at any time you have questions in regards to the limits of your confidential mental health services, please contact or discuss your questions during treatment with your mental health professional.

RATE OF SERVICES, PAYMENT, AND APPOINTMENTS

The rate of service for a 50-minute, Individual Therapy session will be: \$_____ or your agreed upon co-pay and insurance paneling payment. The rate of service for a 50-minute, Marriage and Family Therapy session will be: \$_____ or your agreed upon co-pay and insurance paneling payment. Payment is required prior to the start of each session. Services may be paid by cash, check, debit/credit card, or insurance coverage.

Cancellation of a scheduled appointment must be made 24 hours prior to the start time of the appointment. Cancellations made within the 24 hour time frame before a scheduled appointment and lack of attendance to a scheduled appointment will be assessed a \$75.00 fee. This does not apply to Medicaid clients.

A \$50.00 fee will be assessed for any returned forms of payment.

All fees may be collected by processing past debit/credit card transactions or cash payment prior to the next scheduled appointment.

I hereby acknowledge that the information provided in this **Client Registration Information** is accurate and completed to the best of abilities. I also agree to allow provider to call the "Emergency Contact Individual" listed in the event of an emergency and understand how this contact will disrupt my confidentiality to mental health services.

Emergency Contact Individual Name: _____

Emergency Contact Relationship to Client: _____ Telephone Number: _____

Emergency Contact Address: _____

CONSENT FOR TREATMENT

- I give my authorization and voluntarily consent to receive treatment for mental health services.
- I have been given information regarding the limits of confidentiality of my records.
- I have been given information regarding the cost of services and any relevant co-pay information.
- I understand that I may address any concerns or grievances with my therapist or any other representative of the agency at any time.
- I have been given information about the advantages and disadvantages of the treatment recommended as well as other alternatives.

I acknowledge that I may withdraw from any or all participants of these therapeutic services at any time during the course of treatment. I further acknowledge that (3) consecutive non-attended scheduled appointments may discharge me from participation in services with provider

Client Printed Name (including minors): _____

Parent or Legal Guardian Printed Name: _____

Client or Parent or Legal Guardian Signature: _____

Date: _____

Signature of Clinician: _____

Date: _____