

Journey..... counseling and consultation

Mental Health Counseling Informed Consent to Treatment

I have voluntarily chosen to receive counseling services with “*Journey.....Counseling and Consultation*” (JCC), and that I may terminate this relationship at any time.

I understand that there is no assurance that such services will result in resolution for the issues I am presenting with, and that there may be material discussed that will even have an upsetting effect upon me.

I understand that state and local laws require that my counselor report all incidents of suspected child and/or dependent adult abuse. Therefore, confidentiality is waived in such an instance.

I understand that state and local laws require that my counselor report all incidents in which there is concern for serious harm to myself and/or to others. Therefore, confidentiality is waived in such an instance.

I understand that there may be other circumstances in which the law requires my counselor to disclose confidential information.

I understand that an outside “bonded” resource may be utilized for billing services with my account. Therefore, certain limited information will be needed for billing/insurance, and other third party payment arrangements.

I understand that my counselor may seek clinical supervision for any particular case related issues, and that my circumstances may be discussed for the purpose of clinical direction.

I have read, or have had explained to me, the JCC “Clients Rights Policy”

I have read, and understand, the above information regarding my treatment. Therefore, in signing, I consent to treatment within the above arrangements.

Client’s Signature

Witness/Counselor’s Signature

Date

Date