Calming Journeys Counseling, S.C.

Effective Date: September 15, 2020

CONSENT TO TREATMENT

Calming Journeys Counseling, S.C. wants you to be aware of your rights and responsibilities as a patient/client of our Clinic. We ask for your INFORMED CONSENT to receive treatment. A copy of the *Client Rights and Grievance Procedure* appears in our office area and you have been given a copy of the *Client Rights and Grievance Procedure to take with you. Please read this. In addition, please read the following general information about the psychotherapy process.*

Consent to Treatment:

1. The benefits of psychotherapy are to help alleviate the problems and symptoms that you present. As a client you will be involved in the formulation and evaluation of your treatment plan throughout the therapy process.
2. Psychotherapy is conducted in a professional and appropriate manner between psychotherapist and patient/client talking about the presenting problem.
3. If there is any expected side effects from psychotherapy (or medication when that is a consideration) they will be discussed with you.
4. The psychotherapist will suggest alternative treatment methods and will make referrals to other psychotherapists when appropriate or necessary.
5. The possible consequences of not receiving psychotherapy may be discussed.
6. What you say to your therapist, as well as any case notes or other records are confidential and generally will not be shared with others unless you provide written consent. However, there are exceptions to this.
    a) Sound ethical treatment as well as state mental health policy requires periodic review of psychotherapy performed by your psychotherapist. The review will be done by other mental health professionals in consultation with Calming Journeys Counseling, S.C..
    b) If your therapist has reason to believe you or someone else may be in danger of physical harm, state law and professional ethics require your therapist to take steps to protect you and/or other persons involved. This may include notification of appropriate social service and legal agencies.
    Examples of such instances include: Danger of suicide or other self-injurious behavior. Danger of causing physical harm to another. Occurrence of suspicion of child abuse or neglect.

Client Responsibilities

1. The client will devote time and energy to therapy. The client will follow through with treatment recommendations. This commitment strengthens your chances of reaching the goals of treatment that you and your therapist develop.
2. Refrain from physical or other types of abusive behavior to yourself, to others, or to any property.
3. Be honest regarding your thoughts and feelings about your treatment.
4. Keep appointments made. Cancellations with less than 24-hour notice or appointments not attended may be charged to your account.
5. Stay current with your bill. Full payment is expected at the time of service.

Informed Consent I have read the above statements regarding my rights and responsibilities. I hereby give my consent to be assessed and treated by Calming Journeys Counseling, S.C.. I have discussed any concerns I might have about the above statements. I understand that this statement of consent is in effect for twelve months from the date below unless I wish to revoke it earlier.

Print Client Name	Signature	Date
Print Guardian Name	Signature	Date
Print Therapist Name	Signature	Date