

CONSENT TO TREATMENT

Welcome to the Counseling Clinic Ltd. Before beginning therapy, it is important that you understand the following points:

- 1) While you should expect benefits from therapy, outcomes cannot be guaranteed.
- 2) Therapy may cause emotional strains and you may feel worse during therapy because making life can be distressing.
- 3) Ruth Cohen Kubicek does not provide emergency services, so if there is an emergency while she is unavailable, please call your physician, go to the emergency room or call someone who can protect you.
- 4) Please provide 24 hours notice if you wish to cancel an appointment or a fee of \$60.00 will be charged.
- 5) Regardless of insurance, pre-certification or authorization for services rendered, you are responsible for the total balance on your account.
- 6) Confidentiality is of utmost importance. It is important that you understand the limits of confidentiality. Ruth Cohen Kubicek is required to disclose information about you if under the following conditions: 1) You are a danger to yourself or others; 2) You seek treatment to avoid detection or apprehension; 3) Your therapist was appointed by the courts to evaluate you or determine your competence; 4) You are under the age of 16 and are the victim of a crime; 5) You are the victim of child abuse or elder abuse; 6) You die and information is required regarding a will or deed; 7) You file suit against Ruth or she against you, or if you claimed mental damages in a lawsuit; 8) You waive your rights or give consent; 9) Your insurance company paying for services decides to review your records; 10) Ruth Cohen Kubicek receives a subpoena and is required by law to yield information.
- 7) The decision to receive services is strictly voluntary even though an insurance company or Physician may have referred you.

RIGHTS AND RESPONSIBILITIES

- 1) To ask any questions regarding your treatment.
- 2) To end therapy at any time.
- 3) To receive respectful treatment that will be helpful to you, and be treated with dignity.
- 4) To have a safe environment.
- 5) To ask for what you want and need.
- 6) To work together to develop the most helpful treatment plan possible for you.

If at any time during therapy you are dissatisfied with Ruth's services for any reason, please let her know so she can either resolve your concerns and/or find an appropriate alternative for you.

Client/Patient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____