

A Family Works, Counseling PLLC

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INFORMED CLIENT CONSENT

General Information

It is your responsibility to optimize your treatment by completing assignments, being open and honest, and addressing any questions or concerns that may arise. The therapists will do their part to help you create and achieve your therapeutic goals. Be aware that therapy may involve the risk of remembering unpleasant events or experiencing intense feelings, which may sometimes be very uncomfortable or even overwhelming. We will help relieve these discomforts as we become aware of them, and help you prepare for them if possible. You may feel inclined to discontinue treatment as your emotions make things difficult, but that is never the best course of action. We recommend that you stay with the process.

Client Rights

I have chosen to receive psychotherapy services from A Family Works, Counseling PLLC voluntarily, and I may terminate these services at any time.

I understand that there is no guarantee that I will feel better. Because psychotherapy is a cooperative effort, I will work with my therapist in a cooperative manner to work toward resolving my difficulties.

I understand that during the course of my psychotherapy, material may be discussed which could be upsetting in nature and that this may be necessary to help me resolve my problems.

I understand confidentiality is integral to successful treatment, and that information about me will be collected during the course of treatment, and that all of my information and records will be held, or released, in accordance with the state laws regarding confidentiality of such records. I acknowledge that if I have a third party payer (such as an insurance company) that my signature gives my consent to release the information necessary to file claims on my behalf. I also understand that laws exist which cannot guarantee confidentiality when the following conditions exist:

- in cases of physical or sexual abuse, including neglect, of minor children or the elderly.
- in cases where there exists a danger to one's self.
- in cases where someone else may be in danger.
- in cases where a subpoena or a court order is issued from a court of law.
- in cases where legal or civil suits are filed against the psychotherapist.

I understand that I have the following rights while receiving treatment from A Family Works, Counseling:

- the right to be informed of the various steps and activities involved in receiving services.
- the right to confidentiality under federal and state laws relating to receiving services.
- the right to humane care and protection from harm, abuse, or neglect.
- the right to make informed decisions whether to accept or refuse treatment.
- the right to select practitioners of my choice at my own discretion and expense.

I have read and understand the above as witnessed by my signature.

Client Name (print)

Client Signature (or responsible party)

Date

Client Name (print)

Client Signature (or responsible party)

Date