

BRITTANY PARK THERAPISTS

CONSENT TO TREATMENT

I acknowledge that I have received and understand the information about the therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I understand that the information I share about myself is considered confidential and will not be shared with anyone without my written consent except under the following circumstances:

1. In extreme circumstances such as a life-threatening emergency.
2. To discuss my benefits or case with my managed care and/or insurance company.
3. A specific court order signed by a judge.
4. Any information regarding abuse of a child, disabled adult or aged person.

I am aware that I have the right to refuse treatment except in an emergency situation. If I do refuse treatment in an emergency situation, I have the right to be informed about the responsibility of the therapist to seek appropriate legal alternatives. Otherwise, I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have received.

I am aware that an agent of my insurance company, other third-party payer, or managed care company may be given information about the type(s), cost(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

My signature below shows that I understand and agree with all of these statements.

Signature of Client (or person acting for client)

Date

Printed Name

Relationship to client

Signature of Therapist

Date

Name of Child (If Child is Client)

Please sign below confirming that you were offered the "Notice of Privacy Practices" form.

Signature indicates receipt of Notice of Privacy Practices