

COUNSELING WEST

A non-profit mental health center founded in 1976

Training Clinic Consent to Treatment

To our clients:

As we begin our work together, it is important to clarify the nature of our therapeutic relationship and both the extent and limits of confidentiality.

Trainee/Intern status:

I/we understand that Counseling West is a training clinic and my therapist is a pre-licensed therapist working under supervision. All pre-licensed therapists are legally required to attend weekly supervision where client cases are reviewed to assure quality and appropriateness of treatment. The utmost care is taken to preserve your confidentiality. Occasionally your therapist may ask to audiotape your session for review by his/her supervisor and if you agree, will be asked to give your written permission. After being reviewed, tapes will be erased within two weeks. You have the right to decline if you do not wish to have your session taped.

Therapist Name _____ Trainee/Intern # _____

circle one

Supervised by _____ Lic., type & # _____

Confidentiality:

It is understood that all information disclosed during our sessions is confidential and will not be revealed to anyone outside the supervision team without written permission, except as required by law. Disclosure may be required by law in the following circumstances:

- a. When there is a reasonable suspicion of child abuse/neglect or abuse/neglect to a dependent or elder adult.
- b. When the client communicates a threat of bodily injury to self or others.
- c. When the client is suicidal.
- d. When disclosure is required pursuant to a legal proceeding.
- e. When a client is in a probation or parole period or other legal situation that would require disclosure.

When more than one family member is being seen in therapy (i.e. in couple or family sessions) the therapist views the family as a whole as the client. Therefore, releases of information for family sessions require the written approval of each consenting member of the family who was present at any time during the treatment. (This does not apply to a 'guest' whom the client invites who is not the focus of treatment.) Additionally, the family must agree that the therapist will not collude with individual members to keep individual confidences that are harmful or destructive to other family members in treatment. Where conflicting family members' goals exist, the objective of therapy is for everyone's goals to be addressed in a manner that will preserve the integrity of the family as a whole. Differences between each family member's goals will be discussed during therapy.

Please initial here _____

Counseling West
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Benefits and possible risks of therapy:

Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Other benefits relate to life changes resulting from resolution of concerns addressed in therapy.

Although there is an expectation that there is benefit from psychotherapy, there is no guarantee that this will occur. Nor is there any guarantee concerning the required duration of treatment. Progress in therapy will be reviewed periodically between client and therapist. The client can inquire about the nature, length, cost, and consequences of treatment at any time, and is free to discontinue treatment at any time.

Therapy may deal with sensitive or difficult topics, may elicit uncomfortable emotions, and may lead to individual decisions that are at least temporarily disruptive for oneself and family.

Client Fees and Cancellation Policy:

Once we have agreed to work together, 24-hour notice is required should the client need to cancel a scheduled appointment for any reason. Otherwise, the full session fee will be charged.

Once a year (usually in the fall) the agency implements a slight increase in the client fees for all existing clients. By initialing here, you agree to the fee increase on an annual basis.

Please initial here _____

Therapist’s availability for Emergencies:

All therapists have voice mail numbers where the client may leave messages regarding appointment times, rescheduling, or other concerns that will not wait until the next scheduled session. Therapists check their voicemail for messages approximately three times each day and can generally attempt to return a call the same day it was received. Therapists are not available on a 24-hour basis for emergencies. Should you be in crisis, please discuss the options for connecting with your therapist between sessions or with other resources during the crisis period. In any life-threatening emergency, please contact 911 or go to the nearest hospital emergency room.

I/We have read, understand and agree to the terms of this Consent for Treatment form:

Client’s Signature(s) _____

Date _____