

Elizabeth Summers
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Apex, NC 27502
(814) 504-1288

Consent To Treatment

Client Name: _____

I, _____, the undersigned, hereby attest that I have voluntarily entered into treatment, or give my consent for the minor or persons under my legal guardianship mentioned above. Further, I consent to have treatment provided by **Elizabeth Summers, LCSW**. The rights, risks and benefits associated with treatment have been explained to me. I understand that the therapy may be discontinued at any time by either party. It is encouraged that this decision be discussed with the treating clinician. This will help facilitate a more appropriate plan for discharge.

Recipient's Rights: I certify that I have received the Recipient's Rights form and certify that I have read and understand its content.

Non-voluntary discharge from treatment: A client may be terminated from non-voluntarily if: the client exhibits physical violence or verbal abuse, carries weapons, or engages in illegal acts, and/or the client refuses to comply with stipulated program rules, refuses to comply with treatment recommendations, or does not make payment or payment arrangements in a timely manner. The client will be notified of non-voluntary discharge by letter. The client may appeal this decision with the Center director or request to reapply for services at a later date.

Client notice of confidentiality: The confidentiality of the patient records maintained is protected by federal and/or state law and regulations. Identifying information will not be shared outside of the clinical office unless 1) the patient consents to this in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation, 4) Limits of Confidentiality* are reached.

*Violation of federal and/or state law and regulation by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or state law and regulation do not protect any information about a crime committed by a patient either at the Center, against any person who works for the program, or about any threat to commit such a crime. Federal law and regulation do not protect any information about suspected child abuse or vulnerable adult abuse or neglect, or adult abuse from being reported under federal and/or state law to appropriate state or local authorities. Healthcare professionals are required to report admitted prenatal exposure to controlled substance that is potentially harmful. It is the Center's duty to warn any potential victim when a significant threat of harm has been made. In the event of a client's death, the spouse or parent(s) of a deceased client have a right to access their child's or spouse's records. Professional misconduct by healthcare professionals must be reported by other healthcare professionals, in which case related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original. Client data of clinical outcomes may be used for program evaluation purposes, but individual results will not be disclosed to outside sources.

I consent to treatment and agree to abide by the above stated policies and agreements.

Signature of Client/Legal guardian

Date

Clinicians Signature of Receipt

Date