

## Arches Counseling and Trauma Treatment

### Consent for Treatment

I have chosen to receive mental health services for myself \_\_\_\_\_ and/or my child \_\_\_\_\_ from Arches Counseling and Trauma Treatment. My decision is voluntary and I understand that I may terminate these services at any time, unless my participation has been mandated by a court of law. Services may be provided in-person, virtually via a private telehealth platform or by phone.

#### Nature of Mental Health Services

I understand that during the course of treatment, I may discuss material of an upsetting nature to resolve my problems. I also understand it cannot be guaranteed that I will feel better after completion of treatment.

#### Consistency in Use of Treatment Plan

I agree to participate in the development of an individualized treatment plan. I understand that consistent attendance is essential to the success of my treatment. Frequent "no-shows" and/or late cancellations may be grounds for termination of services.

#### Supervision

I understand that there are certain circumstances which may require Arches Counseling and Trauma Treatment provider(s) to receive supervision. These circumstances include but are not limited to the following:

1. State licensure regulations may require my therapist or service provider to receive ongoing supervision.
2. Insurance companies may require that my treatment plan be reviewed.
3. The standards of care which guide most mental health professionals recommend that supervision and/or consultation be obtained in high-risk situations such as threats and/or acts of harm to self or others.
4. Consultation specifically designed to improve treatment.
5. Other special circumstances, such as preparation to testify in court.

#### Client Rights

The right to be treated with respect and dignity.

The right to be involved in the planning and/or revision of my treatment plan.

The right to know about my treatment progress or lack thereof.

The right to reject the use of any therapeutic technique, and to ask questions at any time about the methods used.

The right to be spoken to in a language that is fully understood.

The right to a clean and safe environment.

The right to refuse to be videotaped, audio recorded or photographed.

The right to end treatment at any time.

The right to file a grievance or complaint about the agency or staff.

The right to confidentiality of clinical records and personal information according to federal and state laws.

#### Emergencies

I understand that I may reach my Arches Counseling and Trauma Treatment provider at 802-881-1151. If not available, I can leave a message and my call will be returned as soon as possible. If I have a life-threatening emergency situation, I may call 911.

I have read, discussed and understood all of the above.

\_\_\_\_\_  
printed client's name

\_\_\_\_\_  
printed guardian name

\_\_\_\_\_  
client or guardian signature

\_\_\_\_\_  
date