

## Consent for Counseling

I give my consent for myself and or my child to engage in Counseling. I understand that the process is a collaborative process and that results cannot be guaranteed. I understand that I may withdraw from treatment at any time. Treatment is confidential and unless I give my written consent to release information, such information will not be disclosed to anyone. The following circumstances, however, are exceptions. I have been informed that under Pennsylvania statutes:

- If a client communicates to a therapist a serious threat to harm an identifiable person, the therapist must warn that person and the police;
- If the therapist suspects child abuse or neglect, or abuse of a dependent adult or of a person over the age of 65, a report must be made to the appropriate agency; and
- If a client presents a danger to self or other, or is unable to care for him or herself, a report must be made to the appropriate authorities.

The therapists at the Parenting Institute/KTC work as a team to help you and your family reach their goals. Your family's therapists may meet as a team to talk about treatment. All therapists are trained to keep client information private.

Counseling is a non-evaluative process. Parties agree not to request the Counselor to testify in court or to produce any notes, records, files, or the like relating to the case including those pertaining to their minor child/children. Counseling communications are privileged and cannot be used as evidence in court, including but not limited to session notes, emails, phone calls, and correspondence between sessions. If for any reason, the Counselor is called to testify or provide any evidence whatsoever on behalf of a party or parties hereto, the party or parties causing same will pay all of Counselor's costs, hourly fee, and expenses (\$400 per hour / 4 hour minimum). Counselor will provide session dates and prognosis to the judge upon request from the court.

The fee per 50-minute session will be provided to you before our first session and is due at the time of the service. I agree to give 24 hours notice when canceling a session; and without such notice, I agree to pay in full for the session missed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Child/children Name(s):

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