

# Informed Consent for Services

Welcome to Roots to Recovery Collective, LLC. We are honored to walk alongside you in your recovery journey.

Please review and acknowledge the following information:

1. **Nature of Services:** Roots to Recovery offers peer support, substance use counseling, ASAM assessments, and resource navigation.
2. **Confidentiality:** Your privacy is important to us. Information you share is confidential, except as required by law (e.g., imminent risk to self/others, child abuse).
3. **Risks & Benefits:** Counseling and peer support may stir difficult emotions. However, these services can also promote healing, growth, and recovery.
4. **Voluntary Participation:** Participation is voluntary and you may discontinue services at any time.
5. **Collaboration:** We may coordinate care with other providers you identify and consent to.
6. **Emergencies:** Roots to Recovery is not a crisis center. For emergencies, call 911 or go to the nearest emergency room.

By signing below, you acknowledge that you have read, understood, and agree to the above terms.

You may ask questions at any time.

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_