

# Consent for Treatment

**Fees for Service:** Agreed upon fee \$ \_\_\_\_\_ (60mins).

**Late Cancellation / No Show Policy:** The full agreed upon fee will be charged for missing your scheduled appointment time or failing to notify at least 48 hours in advance of a cancellation. Coffee with Casey Counseling, LLC does not provide crisis intervention. Instead, crisis resources are made available to our clients throughout the treatment process. In the event of a crisis, please call the Behavioral Health Response Hotline at (800) 273-8255 or dial 911.

**Non-Discrimination Policy** Coffee with Casey Counseling, LLC does not discriminate against any person because of race, color, national origin, sex, income, age, religion, creed, marital status, sexual orientation, or the presence of any physical, mental, or sensory disability. No person shall on the grounds of race, color, national origin, sex, or age be excluded from counseling services.

**Confidentiality** The Therapist at Coffee with Casey Counseling, LLC is bound by professional ethics to protect client rights to confidential communication. All issues discussed in the course of counseling are strictly confidential. By law, health care information pertaining to you may be released only with your written consent or the consent of a legal guardian. For this reason, if you want your therapist to release information about your participation in therapy, you will be asked to sign a "Release of Information," valid for ninety (90) days from the date of signature. The law (RCW 18.19.180) does provide exceptions to client confidentiality where information may be released without your consent: 1. In the event of a medical emergency information deemed necessary for treatment may be released. 2. In the event of a threat of harm to oneself or someone else, if that threat is perceived to be serious, the proper individuals must be contacted. This may include the individual against whom a threat is made. 3. In the event of suspected abuse of a child, dependent adult or elder, the proper authorities must be contacted. The abuse does not have to be personally witnessed by the counselor. 4. If you register a complaint with the Missouri State Department of Health, information will be released as requested or required by the State to resolve the issue. 5. If ordered by a judge or other judicial officers, information regarding your treatment must be disclosed. 6. In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary. 7. A counselor is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act. 8. Evidence that a minor client was a victim of a crime may be released to the proper authorities.

**Records Review & Correction** Coffee with Casey Counseling, LLC will keep records of the mental health care services provided to you. You have a right, by law (RCW 0.02.070), to see and copy that record and to make corrections to your record. A reasonable fee will be charged for reviewing and/or photocopying any portion of your record.

**Consent for Treatment** I have read and understand the above policies and procedures and informed consent information of Coffee with Casey Counseling, LLC. I understand that I may terminate treatment

at any time and that if I have any complaint or grievance regarding my treatment, I will be provided assistance. I agree to the stated terms of treatment and hereby give my consent for treatment. I also acknowledge that I have been given a copy of this agreement.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

