

**Julie McCune LCSW  
2207 Freeport Road  
Natrona Heights PA 15065  
724-224-3031**

### **CLIENT INFORMED CONSENT**

I consent to receive counseling from Julie McCune LCSW. I acknowledge that I am here voluntarily and that I may terminate treatment at any time. I realize that there is no guarantee of improvement of my condition. I acknowledge that any treatment will be a cooperative effort between me and Julie McCune LCSW. I agree to actively participate in our counseling sessions.

I understand that after 1 month of no contact with my therapist, my case will be closed, and an appointment slot may not be available if I chose to restart therapy at a later time.

I understand that if I no show for any appointments, my therapist has the right to close my case and will provided appropriate referrals.

#### **The following are the basic rights of individuals participating in counseling/therapy:**

- \*The right to be informed of the various steps and activities involved in receiving services
- \*The right to confidentiality under federal and state laws
- \*The right to humane care and protection from harm, abuse, and neglect
- \*The right to make an informed decision regarding whether to accept or reject treatment
- \*The right to contact, consult with any select practitioners of my choice and at my expense

**I understand that confidentiality of records or other information collected about me will be held or released in accordance with state laws regarding confidentiality of such records and information. I understand that the confidentiality of my record may be breached under the following circumstances:**

1. If I sign a waiver requesting a release of information
2. If a court orders the release of my records
3. If I am a danger to myself or others which requires me to report or provide protection
4. Actual or suspected abuse of a minor, developmentally disabled person or an elderly person. Your therapist is a mandated reporter

I understand that if I or anyone else, with proper release of information, ask my therapist to prepare paperwork for an outside party, I will be charged \$50 for each document.

I understand that my therapist will not attend any court proceedings.

I am aware that an agent of my insurance company will be given information about the type, cost, dates, and providers of any service I receive per billing procedures.

**I have read and understood the above** \_\_\_\_\_

**Date** \_\_\_\_\_

**Therapist** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian if under 18** \_\_\_\_\_

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