



CLIENT'S CONSENT TO COUNSELING TREATMENT

I have chosen to receive counseling services with Breakthrough Counseling KC. I understand that I may end services at any time. *(PLEASE INITIAL)* _____

I will work with my therapist in a cooperative manner to resolve my problems, and will discuss treatment options available to resolve these problems. *(PLEASE INITIAL)* _____

I understand that during the counseling sessions difficult and upsetting issues may be discussed and If at any time you have a problem with the manner or type of service provided to you, please try to discuss it first with your therapist. *(PLEASE INITIAL)* _____

I have not been involved in litigation with a previous therapist. *(PLEASE INITIAL)* _____

I will provide the relevant information needed, including financial information if applicable to begin my treatment. *(PLEASE INITIAL)* _____

I understand that no children will be left in waiting rooms or other areas unsupervised while I am attending an agency meeting, function or session *(PLEASE INITIAL)* _____

I understand that a case file documenting services and personal information will be held by Breakthrough Counseling KC. The case file will be released only in accordance with state and federal laws regarding confidentiality of such records and information. I understand that there are four (4) situations where my therapist will release information from the case file.

1. The reporting of all suspected abuse or neglect of children (under the age of eighteen) or vulnerable adults. Missouri state law mandates such reporting.
2. When there is a danger I may harm myself or another person.
3. When my therapist receives a court order.
4. If I sign a Release of Information form giving permission for specific information to be given to a particular person or agency. *(PLEASE INITIAL)* _____

I understand it is my responsibility to keep all scheduled appointments and that I am responsible for calling to cancel at least 24 hours in advance. *(PLEASE INITIAL)* _____

The therapist with whom I am working has clearly identified her training and licensure. I have read and understand the above statements. I may discuss any questions or concerns with my therapist.

X _____

Signature of Participant/Parent/Guardian

Date Reviewed with Participant

Reviewed with Participant by: _____

Signature of Breakthrough Counseling KC Provider

Date