

Consent for Treatment and Limits of Liability

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions. All services are free to consumer, therefore client will not have access to any clinical records. SOW will not provide FMLA documentation, therapy dog certification or any other "Proof" of therapy documentation. Our purpose is to introduce you to counseling and refer after 6 free sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Other Present Clients

More than one client may be present at the time of your appointment, but no client shall be privy to another client's personal information under any circumstances.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18)

Date

Policy

Services are free to consumer and no documentation will be kept that will determine diagnosis or treatment planning. This services is provided to introduce the consumer to safe mental health counseling with the ability to refer for more intense therapy.

SOW does not see clients who have personality disorders or who have severe mental illnesses.

SOW does not respond to crisis situations.

SOW does not provide proof of therapy or treatment (example: unemployment, FMLA, school excuses, etc).

CANCELLATION POLICY STATEMENT:

I, the client, understand that I will be given **one** warning if I do not cancel or reschedule my appointment within the given **24 hour** time frame. After the first warning, if I should repeat the same actions, I also understand that a **\$25 inconvenience fee** will be charged to the present card on file.

Client Signature (Client's Parent/Guardian if under 18)

Date