



INFORMED CONSENT FOR TREATMENT

You have taken a very positive step by deciding to seek therapy for yourself. Clients have the best experience when therapy is viewed as a collaborative process. Anchor Point expects that clients will follow through with treatment recommendations in order to encourage progress and positive outcomes.

CONSENT FOR MENTAL HEALTH TREATMENT

By signing this form, you are indicating that you give consent to receive psychological services at Anchor Point Psychological Services. Typically, we will complete an initial evaluation that may take up to 3 sessions. We will review our initial diagnostic impressions with you and discuss options for treatment. At that time, we can both decide if Anchor Point is the best place for you to receive services in order to meet your treatment goals.

CONFIDENTIALITY

HIPAA protects the relationship between a client and therapist, and information cannot be disclosed without the client's written permission. This includes sharing information about your diagnosis or treatment with your parents. The session content and all relevant materials to your treatment will remain confidential unless you request for the information to be shared or the therapist determines that it is clinically necessary to disclose.

Additionally, in most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some legal proceedings, a judge may order our testimony if he/she determines that the issues demand it, and we must comply with that court order.

There are exceptions to the confidentiality agreement between therapist and client and they are listed below:

1. Suspected abuse and/or neglect of a child, dependent adult, or elderly person currently or in the past. It is required by law that this is reported to the appropriate authorities immediately.
2. If a client is threatening serious bodily harm to another person/s, therapists are required to take protective actions. This may include notifying the police, informing the intended victim, and/or seeking hospitalization for the client.
3. If a client expresses intent to harm himself or herself, the therapist will make every effort to engage the cooperation of the client to ensure their safety. If you [the client] are unable or unwilling to cooperate with efforts to develop a safety plan, we will take further measures without your permission that are provided to us by law in order to ensure your safety.

Signature

Date