



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.

PHYSICAL HEALTH & ILLNESSES

We are committed to providing in-person services for our clients. However, we can only work if we are healthy. We also have our own families to protect. Therefore, we ask for the following:

1. If you or anyone else in your family is showing signs of illness, please communicate with your therapist about best options. We are happy to transition to telehealth or wear masks in session to ensure everyone is protected. We can also cancel the appointment and reschedule for another time when everyone is healthy (at no additional charge).
2. If you are too sick to attend school or work (e.g., fever or vomiting within 24 hours), you are too ill to come to our office.

Additionally, we agree to the following:

1. If we are showing signs of illness, or others in our families, we will communicate with you about best options. We will wear masks, transition to telehealth, or reschedule appointments as needed.
2. We are happy to wear masks for any sessions in which that is the family's preference.
3. We will continue to implement all of the safety procedures that we have been thus far in our offices. We clean surfaces regularly and run air purifiers to try to reduce the spread of any germs.

Signature

Date