Client Rights/Consent Form

sacred art
COUNSELING & WELLNESS

Client Name: _____Date of Birth: _____/_____/_____

PLEASE READ AND SIGN BELOW

Sacred Art Counseling and Wellness, L.L.C. (according to HSS Patient Rights Statutes) wants to inform you of your rights as a patient/client and requests your **INFORMED CONSENT TO RECEIVE PSYCHOTHERAPY.** Listed below are some general guidelines pertaining to the psychotherapy process:

1. The purpose of psychotherapy is to help alleviate the symptoms and issues that you present.

2. Psychotherapy is conducted in sessions between psychotherapist and patient/client addressing the problems and issues presented.

3. Any anticipated side effects of psychotherapy will be discussed with you.

4. The psychotherapist may suggest alternative treatment options. If this happens, your counselor will make referrals to other practitioners when appropriate or necessary.

5. The possible consequences of not receiving psychotherapy or treatment may be discussed.

6. The information presented to your counselor, as well as any case notes or other records are confidential and generally will not be shared with others unless you provide written consent. However, there are exceptions to this: If your counselor has reason to believe you or someone else may be in danger of physical harm, state law and professional ethics require your counselor to take steps to protect you and/or other persons involved. This may include notification of appropriate social service and legal agencies. Examples of such instances include: Danger of suicide or other self-injurious behavior; Danger of causing physical harm to another; Occurrence or suspicion of child/elder abuse or neglect.

7. This informed consent will be in effect for 12 months. At the end of each 12-month period, the informed consent will be updated.

8. You have the right to withdraw informed consent, in writing, at any time.

I have read the above information and I give my consent for psychotherapy.

Client's Signature_____ Date_____

Guardian's Signature_____Date_____

(If client is under 18 years old)

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