



CLEAR HARBOR COUNSELING CONSENT FOR TREATMENT

Benefits and Risks

Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. While we cannot guarantee these benefits it is our desire to work with you to attain your personal goals for therapy.

Process of therapy

Our first few sessions will involve an evaluation of your needs, allowing us both to decide if your provider is the best person to provide the services for you. By the end of the evaluation, we will be able to offer you some first impressions of what your work will include if you decide to continue with therapy. Sessions are typically 45 to 60 minutes depending on therapy needs. You will likely meet weekly in the beginning of therapy and reduce sessions as therapy progresses.

Confidentiality

Client records are treated as private and confidential information according to ethical practice and federal and state law. We can only disclose information to a third party with your consent. You have a right to access the information in your file. If you choose to do so, we ask that we review it together first. Your provider may seek consultation with other professionals (who are also bound by confidentiality), and when doing so, will change or withhold certain details in order to further protect your confidentiality. Further information is available in the privacy practices document you have received.

Exceptions to Confidentiality

There are several exceptions to confidentiality that are legally mandated. These include:

- If the client discloses or implies a plan for suicide
- If the client discloses a serious and significant danger of harm to someone
- If the client states or suggests that they are abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult)
- If a child (or vulnerable adult) states or suggests that they are being abused or are in danger of abuse



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Communication with my provider

Clear Harbor Counseling uses electronic means of communication to make it easier to talk to your therapist regarding appointment scheduling, appointment cancelling, and billing or insurance questions. Electronic means of communication should never be used for crisis situations or to discuss therapy topics that should be addressed in session. Your therapist will not be accessing their messages in the evenings or on weekends. Crisis situations should always be directed to the local crisis lines or the local emergency room.

Consent to Treatment

By signing this form, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I also acknowledge that I have been given and have reviewed a copy of Clear Harbor Counseling's Client's Rights and Responsibility document and the agency's Privacy Practices.

Additionally, I acknowledge that I have reviewed Clear Harbor Counseling's Electronic Communication statement and discussed this with my therapist. I consent to telehealth sessions and accept the limitations of telehealth technology. I acknowledge that there are risks to security of information even though security measures are in place. I agree not to use text or email to communicate crisis issues including suicidal thoughts or intent.

I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time. A typed signature below is considered the same as a written signature and will suffice for authorization.

Client/Guardian Signature

Date Signed

Printed Guardian Name (if applicable)