

Frances M. Bledsoe, LCSW

CLIENT’S INFORMED CONSENT TO TREATMENT

Any information that you share with your therapist is considered confidential. You must sign a “release of information form” in order to request that I release data about our work to you, another health care provider, agency, etc. No clinical information, either written or verbal may be released from this office without your written permission, except in the following exceptional circumstances:

- There is evidence of a life-threatening situation to you or someone else;
- There is evidence of abuse or neglect of children or vulnerable adults;
- I have been ordered by a court to release information about you.

In many circumstances, a phone call or summary to the provider to whom you wish to have information released may be sufficient. I ask, however, that you please **not** request that your **whole record** be released unless absolutely necessary. In such a case, please allow me two weeks to type and prepare your whole record.

In the circumstance of couple or family therapy, entire records may NOT be released without the permission of ALL adults who have participated in the treatment sessions.

As a client at this office, I ask that you respect the confidentiality rights of other clients by agreeing, in signing this form, that you *will not disclose to anyone* the identity of any other person you may recognize or observe present at this office.

If in the course of treatment, I have a professional question regarding how to best be of help to you, I may seek professional consultation with one or more colleagues. In such a case, your name and identifying information will be withheld to protect your confidentiality.

Should you choose to use your health insurance to cover partial cost of treatment, in most cases you must be issued a mental health diagnosis in order to receive compensation. Diagnoses are simply names we give to clusters of symptoms. I cannot guarantee that another therapist would choose to give you the same diagnosis I might select. Some companies forward this information to a national medical data bank. Thanks to HIPPA regulations, most of your data is well-protected. I cannot, however, accept any responsibility for your insurance company’s use or disclosure of diagnostic or other information they request from me, such as treatment reports.

While the large majority of clients report a positive outcome of treatment, there is no guarantee that you will feel better. In order to achieve the goals you set for therapy, it may be necessary for us to discuss some material that may be uncomfortable or even upsetting at times. I am always open to feedback from you about how our process is going.

- You have the right to ask questions about my training and credentials.
- You have the right to discuss with me any feelings of concern about our discussions and work together, including questions about any therapy procedures.
- You have the right to terminate therapy at any time.
- You have the right to ask for a referral to another therapist.

I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If client is minor)Signature of responsible party \_\_\_\_\_