



Consent for Treatment

This form documents that I give my consent to Melissa Coyle, LCSW-R to provide psychotherapeutic treatment to me. While I expect benefits from this treatment, I fully understand that no particular outcome can be guaranteed. I understand that therapy carries both risks and benefits. I understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

Limits of Confidentiality

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client’s legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect



If you disclose a plan or threat to harm yourself, the therapist must attempt to notify you family and notify legal authorities. If you disclose a threat or plan to harm another person, the therapist is required to warn the potential victim and notify legal authorities.

Abuse of Children and Vulnerable Adults



If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances



Mental health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship



Parents of legal guardians of non-emancipated minor clients have the right to access the clients’ records.

Insurance Providers (where applicable)



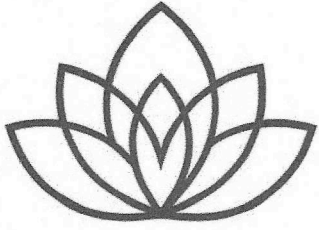
Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to: types of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes and summaries.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

 Client Signature (Client’s Parent/Guardian if under 18)

 Date



Acknowledgment of Receipt of Notice of Privacy Practices For Melissa Coyle, LCSW

I hereby acknowledge that I have received and understand the Notice Of Privacy Practices of the above name therapist. I further understand that there is a copy of this notice in the waiting room that I can refer to at any time.

Client Signature (Client's Parent/Guardian if under 18)

Date