



## Consent For Treatment

### Acknowledgement of Agreement and Consent for Services

By signing this document, I acknowledge that I have reviewed and fully understand the terms and conditions of this agreement. I have discussed such terms and conditions with staff at Glendale-Arcadia-Counseling (herein “Center”) and my primary therapist (herein “Center Provider”), and have had any questions with regard to its terms and conditions answered to my satisfaction. I agree to abide by the terms and conditions of this agreement and consent to participate in services.

Moreover, I agree to hold the Center free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. I understand that I, *or the Responsible Party*, is financially responsible to Glendale-Arcadia-Counseling for all charges, including unpaid charges by my insurance company or any other third-party payor.

### Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, I agree to the terms and acknowledge that I have been provided with a copy of the *Informed Consent and Notice of Privacy Practices* document. This document provides information about agreements with my therapist regarding participation in therapy and how my protected health information may be used and disclosed. I have read it in full and understand these documents are subject to change. If I have any questions about my *Notice of Privacy Practices*, or wish to receive a copy of any revisions of the *Informed Consent and Notice of Privacy Practices*, I acknowledge that I may submit my request to Glendale-Arcadia-Counseling at 100 N. Brand Blvd., Ste. 200 Glendale, CA 91203, (818)476-0111

### Therapist Qualifications

Laura Dickson, LCSW (LCS 14276), Jennifer Duke, MFT (MFC 42153), Sara Lee, LCSW (LCS 20383) are licensed to diagnose and treat mental health problems. They provide individual, group, and family therapy.

### What to Expect from Treatment

Studies of psychotherapy indicate that most clients benefit from treatment and experience improvement in the problem areas for which services are sought. However, treatment benefits cannot be guaranteed. Response to therapy is different for each client. In general, the therapist will assess your problems and provide therapeutic services designed to resolve or reduce the magnitude of the problems you are experiencing. Therapy may focus on feelings, thoughts, relationships, and/or behaviors. Therefore, if you are using insurance to pay for treatment, information will be released to your insurer.

### Confidentiality/Privacy

Currently, both law and professional ethics require therapists to maintain complete confidentiality in the vast majority of cases. In these cases, the therapist cannot release any information about you without your written permission. However, there are some exceptional circumstances in which therapists are required to communicate information about your therapy to external sources. These exceptions are as follows:

- The client presents a clear and present danger to him/herself and refuses to accept appropriate treatment.
- The client communicates to the therapist a threat of physical violence against a clearly identified victim or the therapist has a reasonable basis to believe there is a clear and present danger of physical violence against such a victim.
- The client introduces his/her mental condition as a defense in a legal proceeding.
- The client initiates legal action against the therapist.



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- The therapist has grounds to believe a child under the age of 18, or an elderly person (over age 60), or a handicapped adult has been, or is at risk of being abused or neglected.
- The therapist has reason to believe a health care professional has engaged in professional misconduct.
- A judge orders the therapist to release client information.

It should also be noted that insurance companies reimbursing mental health services require information about these services. Therefore, if you are using insurance to pay for treatment, information will be released to your insurer.

### **Communication**

Email and/or text message communication will not be used to communicate individual medical information in any capacity. Email and text communication with Glendale-Arcadia-Counseling is restricted to the following uses:

- Scheduling appointments (including, rebooking and cancellation.)
- Providing practice policies and protocols (e.g. privacy policy, referrals, etc.)
- Providing general educational and health promoting electronic documents, resources, and links.
- Providing newsletters and information on upcoming events.
- Brief supportive contact between therapist and client when appropriate.

I understand the above and consent for treatment:

\_\_\_\_\_  
**Client Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Client or Legal Guardian if Client is a Minor**