



Informed Consent & Confidentiality Form

YOUR RIGHTS AS A CLIENT

1. All personal information given here is confidential and will not be released to outside persons or agencies unless we have your written consent, or that of your guardian. However, as part of the agreement, the client agrees to the release of any and all counseling information (without another written release of information) for the following reasons:
 - a. As required by law or when homicide, suicide, child or elder abuse is involved, or in cases necessitated by a medical emergency.
 - b. For consolation with other members of the counseling or pastoral staff (including wives), the client's pastor or guardian, or for counseling supervision purposes.
2. You will not be photographed, videotaped, or otherwise identified in any media form without your consent.
*Consent to video tape and or audio record counseling session(s)

I _____ agree, do not agree, to allow counseling session(s) recorded via video and or audio for counseling supervision. Content will be presented to counseling peers, for training, quality control and educational purposes only.

3. No research information identifying you will be released from this facility without your consent.
4. You will be informed of alternative forms of treatment should you request it.
5. You have the right to express opinions, recommendations and grievances to staff without fear of prejudice or penalty.
6. You will not be denied treatment based on race, religion, political affiliation, or gender.
7. You have right to participate in the formulation of your treatment.
8. Bills and charges will be explained to you upon your request.
9. We respect your right to make your decisions but will attempt to help you understand the consequences of those decisions.
10. You have a right to terminate counseling at any time without additional charges unless a specific contract requiring a specific number of sessions has been agreed upon.
11. Clients may request referral to another counselor or agency if they believe that the therapeutic relationship is no longer effective.
12. Your counselor is not a medical doctor and therefore is not authorized to prescribe medication or prescription drugs.
14. Your counselor has the following degrees and/or licenses/certifications: _____

YOUR RESPONSIBILITIES AS A CLIENT

1. Deal realistically with your problem(s).
2. Accept that there will be ups and downs in treatment.
3. Discuss any important life decisions with your therapist before a decision is made.
4. Be honest and open in your communications.
5. Respect the confidentiality of other clients with whom you come in contact.
6. Be responsible for your own growth, which means work.

I HAVE READ AND ACKNOWLEDGE MY CLIENT RIGHTS AND RESPONSIBILITIES

Signed this _____ day of _____ (month), _____ (year).

Client _____ (signature)