

## CONSENT FOR TREATMENT

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

D.O.B \_\_\_\_\_

### Benefits of Treatment:

Treatment can help a person to gain new understanding about his or her problems and to learn new ways of coping with and solving those problems such as; anxiety, anger, depression, parenting or relationship concerns. Treatment can help a person develop new skills and to change behavior patterns. Treatment can contribute to improved ability to cope with stress and difficult situations and can increase understanding of self and others.

### Risk of Treatment:

I acknowledge that Cynthia Tobar McCoy has advised me and my child that while there are potential benefits to treatment, there is no guarantee of success and that there are potential risks. I have been advised that during treatment emotions and memories may be stimulated which can evoke strong feelings and that changes in awareness may alter self perceptions and ways of relating to others. I have been advised that personal change can be varied and individual.

### Services:

I understand that services provided, and that may be deemed necessary or appropriate by Cynthia Tobar McCoy include:

- Assessment/Evaluations
- Individual Therapy
- Group Therapy
- Family Therapy
- Other treatment as deemed necessary or appropriate

### Consent:

In acknowledge and appreciation of the benefits and risks as made known to me by Cynthia Tobar McCoy, and as reflected in this form, I hereby give my consent for my child and/or me to participate in treatment.

### Confidentiality and limits of confidentiality:

I have been advised that all communications and record relating to treatment services are confidential and may not be disclosed without my written consent.

I have also been advised that the law places certain limits on the confidential nature of the treatment services provided to me. I have been advised that these limits on confidentiality may arise if it is perceived that there is risk of harm in situations such as the following:

- If my child or I present imminent danger to myself or others the law requires that steps be taken to prevent such harm;
- If a child is in need of protection a report must be filed with the appropriate agency or authority;
- If a vulnerable adult is abused or neglected a report may be filed with the appropriate government agency; or if a court orders the disclosure of records.

### Acknowledgement and Consent

I \_\_\_\_\_ acknowledge that I have had the opportunity to carefully read this document to ask and have answered any questions or concerns I have about it or arising from it.

I further acknowledge that I have read and understood the information contained in this document that it records my consent for treatment of myself and or my child, and I have this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ been provided a copy of it.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date