

INFORMED CONSENT FOR THERAPY

Introduction

Welcome to SHC, Inc. This informed consent document is intended to give you general information about our therapy services. This is a legal document; please read it carefully before signing. Please take the time to read the SHC, Inc. Outpatient Service Contract. If you have any questions about signing this document and/or would like a copy of this document please ask your therapist.

Nature of Therapy

I understand that there may be both risks and benefits associated with participation in therapy. Therapy may improve my ability to relate to others, provide a clearer understanding of myself, my values, and my goals, and an ability to deal with everyday stress. Although therapy can be beneficial to many people, it may not be helpful for everyone. Therefore, it is essential that you discuss any questions or discomfort you might have with your therapist.

Confidentiality

I understand that confidentiality is maintained in accordance with the ethical guidelines and legal requirements of the profession. I understand that no records or information about me will be released from SHC, Inc without my permission, **except under certain circumstances:**

If I present a serious danger to myself or another person. If I was abused (physically or sexually) or neglected as a child, and if other minor children are currently at risk of being abused or neglected by the person(s) who abused me. If I am under 18 years of age and disclose abuse or neglect to my counselor. If your therapist learns that an elderly person, dependent adult, or minor child is being abused or neglected. If I have physically or sexually abused a minor child and that child or other minor children are at risk of ongoing abuse. If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure.

Attendance Policy

I agree I will notify my therapist **at least 24 hours** in advance if I know I will miss a session. I understand that if I do not show for a therapy session and do not call, I will be billed \$75 for a missed session.

Consent

I certify that I have read, understand, and agree to abide by the information outlined above regarding SHC, Inc services. I hereby give my consent to authorize the SHC, Inc to evaluate, treat, and/or refer me to others as needed. I also have been given a copy of the Outpatient Service Contract. I have had the opportunity to discuss any questions regarding the above information.

Client Printed Name

Client Signature

Date