

Leadem Counseling & Consulting Services, P.C.  
668 Commons Way  
Toms River, NJ 08755  
732-797-1444

**CONSENT TO TREATMENT & PRECIPITANT'S RIGHTS**

PATIENT \_\_\_\_\_

I, \_\_\_\_\_, THE UNDERSIGNED, HEREBY ATTEST THAT I  
HAVE

VOLUNTARILY ENTERED INTO TREATMENT, OR GIVE MY CONSENT FOR THE MINOR OR PERSON UNDER MY LEGAL GUARDIANSHIP MENTIONED ABOVE, AT LEADEM COUNSELING & CONSULTING SERVICES, P.C., HEREBY REFERRED AS THE CLINIC. FURTHER, I CONSENT TO HAVE TREATMENT PROVIDED BY A PSYCHOLOGIST, SOCIAL WORKER, COUNSELOR, OR INTERN IN COLLABORATION WITH HIS/HER SUPERVISOR. THE RIGHTS, RISKS AND BENEFITS ASSOCIATED WITH THE TREATMENT HAVE BEEN EXPLAINED TO ME. I UNDERSTAND THAT EITHER PARTY MAY DISCONTINUE THE THERAPY AT ANY TIME. THE CLINIC ENCOURAGES THAT THIS DECISION BE DISCUSSED WITH THE TREATING PSYCHOTHERAPIST. THIS WILL HELP FACILITATE A MORE APPROPRIATE PLAN FOR DISCHARGE.

**Non-Voluntary Discharge from Treatment:** A PATIENT MAY BE TERMINATED FROM THE CLINIC NON-VOLUNTARILY, IF: A) THE PATIENT EXHIBITS PHYSICAL VIOLENCE, VERBAL ABUSE, CARRIES WEAPONS, OR ENGAGES IN ILLEGAL ACTS AT THE CLINIC, AND/OR B) THE PATIENT REFUSES TO COMPLY WITH STIPULATED PROGRAM RULES, REFUSES TO COMPLY WITH TREATMENT RECOMMENDATIONS, OR DOES NOT MAKE PAYMENT OR PAYMENT ARRANGEMENTS IN A TIMELY MANNER. THE PATIENT WILL BE NOTIFIED OF THE NON-VOLUNTARY DISCHARGE BY LETTER. THE PATIENT MAY APPEAL THIS DECISION WITH THE CLINIC DIRECTOR OR REQUEST TO RE-APPLY FOR SERVICES AT A LATER DATE.

**PATIENT NOTICE OF CONFIDENTIALITY:** FEDERAL AND/OR STATE LAW AND REGULATIONS PROTECT THE CONFIDENTIALITY OF PATIENT RECORDS MAINTAINED BY THE CLINIC. GENERALLY, THE CLINIC MAY NOT SAY TO A PERSON OUTSIDE THE CLINIC THAT A PATIENT RECEIVES SERVICES AT THE CLINIC OR DISCLOSE ANY INFORMATION IDENTIFYING A PATIENT AS AN ALCOHOL OR DRUG ABUSER UNLESS: 1) THE PATIENT CONSENTS IN WRITING, 2) THE DISCLOSURE IS ALLOWED BY A COURT ORDER, OR 3) THE DISCLOSURE IS MADE TO MEDICAL PERSONNEL IN A MEDICAL EMERGENCY, OR TO QUALIFIED PERSONNEL FOR RESEARCH, AUDIT, OR PROGRAM EVALUATION.

VIOLATION OF FEDERAL AND/OR STATE LAW AND REGULATIONS BY A TREATMENT FACILITY OR PROVIDER IS A CRIME. SUSPECTED VIOLATIONS MAY BE REPORTED TO APPROPRIATE AUTHORITIES. FEDERAL AND/OR STATE LAW AND REGULATIONS DO NOT PROTECT ANY INFORMATION ABOUT A CRIME COMMITTED BY A PATIENT EITHER AT THE CLINIC, AGAINST ANY PERSON WHO WORKS FOR THE PROGRAM, OR ABOUT ANY THREAT TO COMMIT SUCH A CRIME. FEDERAL LAW AND REGULATIONS DO NOT PROTECT ANY INFORMATION ABOUT SUSPECTED CHILD (OR VULNERABLE ADULT) ABUSE OR NEGLECT, OR ADULT ABUSE FROM BEING REPORTED UNDER FEDERAL AND/OR STATE LAW TO APPROPRIATE STATE OR LOCAL AUTHORITIES. HEALTH CARE PROFESSIONALS ARE REQUIRED TO REPORT ADMITTED PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES THAT ARE POTENTIALLY HARMFUL. IT IS THE CLINIC'S DUTY TO WARN ANY POTENTIAL VICTIM, WHEN A SIGNIFICANT THREAT OF HARM HAS BEEN MADE. PROFESSIONAL MISCONDUCT BY A HEALTH CARE PROFESSIONAL MUST BE REPORTED BY OTHER HEALTH CARE PROFESSIONALS, IN WHICH RELATED PATIENT RECORDS MAY BE RELEASED TO SUBSTANTIATE DISCIPLINARY CONCERNS. PARENTS OR LEGAL GUARDIANS OF NON-EMANCIPATED MINOR PATIENTS HAVE THE RIGHT TO ACCESS THE PATIENT'S RECORDS.

I CONSENT TO TREATMENT AND AGREE TO ABIDE BY THE ABOVE STATED POLICIES AND AGREEMENTS WITH THE CLINIC.

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SIGNATURE OF PATIENT/LEGAL GUARDIAN  
(IN A CASE WHERE A PATIENT IS UNDER 18 YEARS OF AGE, A LEGALLY RESPONSIBLE ADULT ACTING ON HIS/HER BEHALF)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE