

Leadem Counseling & Consulting Services, PC
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.

Risks and Benefits of Treatment: During sessions, you will have discussions about personal issues, which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of psychotherapy can far outweigh any discomfort encountered during the process, however. Some of the possible benefits include clarification of diagnosis, appropriate treatment planning and recommendations, reduced and/or eliminated symptoms, reduced emotional distress, improved personal relationships, improved insight, improved coping skills, and improved problem-solving skills. We cannot guarantee these benefits, of course. It is our desire, however, to work with you to attain your personal goals for psychotherapy.

Emergencies: You may leave a telephone message for your therapist at any time. Please be aware that therapists may not retrieve messages until their regular office hours. **If you have a life-threatening emergency, dial 911.**

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 elder abuse from being reported under Federal and/or State law to appropriate State or Local authorities. 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. My signature below indicates that I have been informed of my rights regarding confidentiality.

I consent to treatment and agree to abide by the above stated policies and agreements with the clinic.

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