CENTRAL PSYCHOLOGICAL SERVICES, LLC

Consent to Treatment and Recipient's Rights

Client _____ Client's Date of Birth _____

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 by _____, a mental health professional as defined by Indiana law, of Central Psychological Services, LLC (hereafter referred to as "CPS") to receive treatment. I understand that I am consenting and agreeing only to those mental health services that my clinician is qualified to provide within the scope of their license in the State of Indiana.

Recipient's Rights: The rights of those who receive psychotherapy services are detailed in the Recipient's Rights & Responsibilities pamphlet that has been provided to me. I understand that as a recipient of services, I may get more information from my clinician.

Client Notice of Confidentiality: The confidentiality of client records maintained by my clinician and CPS is protected by Federal and State law and regulations. Generally, CPS may not disclose any information identifying a person as a client or describing any aspect of the client's treatment unless: 1) the client consents in writing, or 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, or 4) there is a credible allegation of child abuse or the abuse of a dependent adult, 5) or there is credible evidence of significant potential risk of harm to self or another identifiable person or persons by the client. There are other, less frequently seen situations in which information about a client's treatment can or must be disclosed without that client's consent. These situations are detailed in the Privacy of Information Policies brochure, which I have received. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. When fees are not paid in a timely manner, a collection agency may be given appropriate billing and financial information about client, not clinical information. I permit a copy of this authorization to be used in place of the original. Client data of clinical outcomes may be used for program evaluation purposes, but individual results will not be disclosed to outside sources.

Risks and Benefits: Psychotherapy can have both risks and benefits. Since treatment involves discussing unpleasant aspects of your life, you are likely to experience uncomfortable emotions such as sadness, guilt, anger, frustration or helplessness. Research shows that some clients do not improve in therapy and that about 10% may actually get worse, symptomatically. It can take months to see the benefits of psychotherapy, and there are no guarantees that a given client will improve. Psychotherapy requires considerable effort from the client and sacrifices in terms of money and time. Psychotherapy can provide significantly greater insight into the self, better self-integration, better emotional functioning, improvements in personal relationships, better judgment and decision-making, clearer thinking, resolution of specific problems, and symptomatic relief.

The rights, risks and benefits associated with the treatment have been explained to me. I understand I may discontinue treatment at any time. The practice encourages that this decision to terminate treatment be discussed with your clinician. This will help facilitate a more appropriate plan for referral or discharge. I consent to psychotherapy services and agree to abide by the above stated policies and agreements with CPS, LLC. I certify that I have received a copy of this consent document for my own records.

_____

Client/Legal Guardian **Date**

(*In a case where a client is under 18 years of age or is otherwise legally incapable, a legally responsible adult acting on his/her behalf*)

_____

Clinician (witness) **Date**

6335 S. East St.
Indianapolis, IN 46227

P: (317) 780-1610 F: (317) 280-7277
www.centralpsychservices.com