Family Solutions Counseling, PLLC

Consent For Treatment

Statement of Professional Disclosure

You may access the laws and regulations which govern said professionals at the following websites:

LMFT, LPC: http://www.ok.gov/health/Protective_Health/Professional_Counselor_Licensing_Division/index.html.
LADC: http://www.okdrugcounselors.org/.

Right as a Client of Family Solutions Counseling

Please make sure you read and understand this and all forms.

Counseling services are voluntary. By signing this form you acknowledge you are consenting to receive services necessary for yourself, your child and/or family, including diagnosis and treatment. Your consent to receive services does not waive your legal rights as recognized under Oklahoma law. Our conversations and your records are confidential. Information regarding your records or services is not available to anyone unless:

- You give your written permission on a release of information form.
- A court orders me to disclose records.
- A legal guardian gives written permission to release the information of a minor child.
- In an emergency situation when your personal safety or the safety of others may be threatened (Duty to Warn).
- There is a suspicion or report of abuse or neglect of children, elderly or disabled persons.

No Secrets Policy

As systemically trained therapists, we view the client, couple, and/ or family as the unit of treatment. Therefore, we adhere to a "no secrets policy" in our work. This means that your therapist may choose to NOT partake in "keeping secrets" from members of the therapeutic system. Thus, if you are partaking in couple's or family therapy, any information you disclose to your therapist may openly be discussed with other participating parties as part of treatment. Therefore, if you strongly desire to discuss matters other parties involved in therapy may or may not be aware of, and you desire to keep those matters secret, simply notify your therapist of this desire and s/he will set you up with an individual counselor to discuss the matters of concern.

You have a right to review all written reports about our work before they are sent/released.

It is further understood that your mental health insurance providers may request some records (e.g.) treatment plans or session notes in order to verify services and to assure the quality of services being provided. You will be informed when these circumstances occur. You have a right and responsibility to review these documents. Also be aware that peer consultation may occur between providers to assure services are appropriate and beneficial to you and/or your family.

You may request to have communication between therapist and your Primary Care Provider regarding evaluation and treatment information upon signing a release of information form. Upon request that your records be sent to another professional or agency, your wishes will be fulfilled with promptness upon receipt of your written request for information and provided there is no outstanding balance on your account.

Requested records may be protected under 42 C.F.R. Part 2, governing Alcohol and Drug Abuse patient records, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts. 160 & 164, State Confidentiality laws and regulations and cannot be released without your consent unless otherwise provided for by regulations. State and Federal law regulations prohibit any further disclosure of such records without your specific written consent or when otherwise permitted by such regulation.

Note: At least one parent or guardian must consent to the therapy of any minor children.

Client Name_____

Family Solutions Counseling, PLLC

As a client, you have the right to leave the premises at any time. You are not to be detained against your wishes unless you are a danger to yourself or others

You have the right to refuse any service which you do not want and to discontinue any services you have already started. However, if you choose to discontinue treatment against professional advice, a notation to that effect will be placed in your records. In the event of court-ordered clients, the terms of the court may supersede this right.

It is the policy of Family Solutions to treat all clients and not to discriminate with regard to race, color, religion, national origin, age, sex, sexual orientation, gender identity or expression, or disability.

Confidentiality of Electronic Communications

Confidentiality of Electronic Communications includes, but is not limited to, E-mail, Text, and Cell Phone Communication: If you choose to e-mail your therapist, it is preferred that you do so by setting up an account via therapyappointment.com, which is encrypted and HIPAA compliant. Please call your therapist to set up your login. Please limit the contents of your e-mail to basic issues such as cancellation or change in contact information. Your therapist will not respond to personal and clinical concerns via e-mail or text. If you call your therapist, please be aware that unless you are both on landline phones, the conversation is not confidential. Likewise, text messages are not confidential. The landline number for your therapist is (405) 242-5305. **Please take note that FSC cannot guarantee confidentiality if you choose to email from your personal account or call or text from a cellular phone.**

Services

Family Solutions Counseling provides family, couples, group and individual therapeutic mental health and relationship services.

Services do *not* include:

- Personality, ability, or vocational interest testing or evaluations.
- Custody evaluations and/or forensic reports
- Prescription of medications or treatment of problems for which medication or hospitalization may be the treatment of choice, such as major depression, suicidal intention, hallucinations, delusions, etc.

Emergency Services:

Family Solutions Counseling is not an emergency service. Therefore, in the event of an emergency, you are advised to contact the Oklahoma County Crisis Line at 405-522-8100, Suicide Prevention Hotline at 1-800-SUICIDE (1-800-784-2433, Reachout National Hotline Crisis and Information Line at 1-800-522-9054 , dial 911, or go to the emergency room of the nearest hospital.

Counseling, Legal Issues, Court Reports and Testimony

As a counselor, I am frequently asked to provide counseling services to a child or family, whose parents or guardians are involved with legal disputes or challenges involving custody, visitation or other court related issues. The regulations and codes of ethics under which I practice my profession specifically describe how I legally may or may not conduct my services in matters involving legal decisions.

If I accept a child, adult or family as a client for counseling services, I cannot be used as an expert witness for any forensic purposes. As your counselor, I would only be able to serve as a "fact" witness in any legal report, deposition or testimony. I could only provide factual information about services you received, and only when the client and/or legal guardian gives her/his written permission to waive confidentiality. Waivers of privilege/ confidentiality must describe what specific information is to be released, to whom, for what purpose and for how long the release is valid. As a factual witness, I may not offer any conclusions, opinions or recommendations. I can report that I provided X number of sessions; that we have developed a counseling plan; what the goals and objectives of the plan are, and other "facts".

I will charge a fee for report writing, telephone consultations with attorneys, depositions, and court appearance and testimony. I will provide clients with a fee schedule that details the amounts charged for these services.

Client Name_____

Family Solutions Counseling, PLLC

****I have read the "Consent for Treatment" form and agree to the terms of consent. I understand and agree to the limits and conditions of therapy.****

Client Signature _____ Date _____

Client Signature_____ Date _____

Parent/ Guardian Signature_____ Date _____

Witness _____ Date _____

Client Name_____