



Office Policies & Consent for Treatment

Client Name: _____ DOB: _____ Today's date: _____

Welcome to ERWC & thank you for choosing us to assist you with your mental health or addiction needs. Your first visit to a new therapist is very important and you may have many questions. Please take time to read this document carefully and let us know if you have any question or need more information.

EXPLANATION OF SERVICES

- We see clients Monday through Saturday.
- We provide mental health & addiction counseling to individuals age 12 and up.
- We work as a team at ERWC and we provide ongoing supervision for each other. Therefore, your case may be reviewed during clinical consultation meetings in order to provide the best quality services.
- We provide Individual, Family, Couple, and Group Counseling and are happy to discuss these options with you.
- We make every attempt to answer the office phone during business hours. However there may be times when we are unavailable, at these times, you may leave a message on our confidential voice mail or your therapists email and your therapist will respond as soon as possible. It may take a day or two for non-urgent matters. **If you cannot wait for a response or it is an emergency situation, go to your local hospital or call 911.**

PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE

- We view the therapeutic relationship as a partnership that is principally dedicated to your growth and to finding solutions. Part of our job is to remind you of your own strengths and abilities while you go about the business of creating more of the type of life that you want.
- As with nearly any type of treatment, there is the chance that it may not be helpful. The “fit” between client and therapist is important to good treatment outcome. In the beginning of treatment, you may feel worse before you feel better. Therefore, we want to hear from you throughout our work together about how we are doing – so that we can make any needed adjustments to help you more effectively.
- Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that let you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. We will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly.
- Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. We may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member.
- Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, we are likely to draw on various psychological approaches according, in part, to the problem that is being treated and our assessment of what will best benefit you. These approaches include, but are not limited to, solution focused, behavioral, cognitive-behavioral, cognitive, EMDR Therapy, system/family, humanistic, emotionally focused (attachment theory), motivational interviewing, DBT, narrative or psycho-educational.
- **Our therapists do not provide custody evaluation recommendations or medication, prescription recommendations or legal advice, as these activities do not fall within our scope of practice.**

TREATMENT PLANS

Within a reasonable period of time after the initiation of treatment, your therapist will discuss with you their working understanding of the problem, treatment plan, therapeutic objectives, and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, your therapists' expertise in employing them, or about the treatment plan, please ask for clarification and explanations.

TERMINATION

Deciding when to stop our work together is meant to be a mutual process. Before we stop therapy, we will discuss how you will know if and when to come back or whether a regularly scheduled “check in” might work best for you. We recommend a gradual phase out of therapy to continue to ensure stability. We do not work with clients who, in our opinion, we cannot help. If at any point

during psychotherapy your therapist either assesses that they are not effective in helping you reach the therapeutic goals, or if they perceive you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do so, your therapist will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, they will give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, your therapist will talk to the psychotherapist of your choice in order to help with the transition. You also have the right to terminate therapy and communication with your therapist at any time. If you choose to do so, upon your written request and if appropriate and possible, your therapist will provide the new psychotherapist with the essential information needed.

CONFIDENTIALITY

- Information discussed within the therapy setting is held confidential and will not be shared without written permission except under limited situations which under reasonable circumstances would be discussed with you before disclosure is made. These situations include revelations of unreported child or elder abuse, immanent suicide or harm to others, or reports of exploitation by a therapist.
- Some clients may choose to use technology as a means of communication with their therapist. This includes but is not limited to telephone, email, text or chat. We will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in counseling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your communications.
- We keep records of your counseling sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in this section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically, on a USB flash drive or in a paper file and stored in a locked cabinet in my office.

CONSENT TO TREATMENT

The undersigned, client/client's legal guardian, voluntarily consent to outpatient treatment for mental health, co-occurring, and/or substance use and authorize Embrace Recovery and Wellness Center, LLC (ERWC) to provide such outpatient treatment that is determined to be medically necessary or otherwise appropriate. These services may include individual or group counseling/therapy, Diagnostic Assessments and family interventions.

OTHER INFORMATION

I, the undersigned, agree to abide by ERWC's policies and procedures and recognize that my compliance will minimize the danger of accidents or injury to myself, other Clients and employees of ERWC. I, the undersigned, acknowledge responsibility for myself and my actions and liability arising or resulting from my actions/omissions while I am being treated at ERWC. **I, the undersigned, acknowledge that ERWC is not responsible to me or my property for the actions/omissions or any liability arising from the actions/omissions of any other clients at ERWC.**

I, the undersigned, understand that at any time I may elect to participate in other services or refuse any services, treatment or therapy upon full explanation of the expected consequences of such refusal.

I have received a copy of the NOTICE OF PRIVACY PRACTICES (HIPPA) which include the client rights and grievance policy.

I have read and understand this Consent for Treatment. _____ (initial)

Signature of Client/ Parent/ Guardian/ Legal Representative

Print Name of Signer

Relationship to Client

Date

Signature of Witness Print Name of Signer

Date

It is your right to refuse to sign this document, however treatment will not be provided without your consent to the Office Policies and Client Agreement for Psychotherapy Services and a notation will be made below that an effort was made to obtain your signature to the Acknowledgement of Receipt of the Notice of Privacy Practices form.