***Monica King MSW ACSW,*** Psychotherapist

120 E Liberty St. #215

Ann Arbor, MI 48104

(734) 485-9196

**Consent for Treatment & Services**

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the services I will receive are based on currently accepted practice in the fields of

Mental health or substance abuse. I also understand that the outcome of treatment cannot be guaranteed

and that services continue only with my voluntary consent. [ ] \_\_\_\_\_ (check to show you’ve read and initial)

I understand that I may be asked to consult with a psychiatrist if this is considered necessary by my therapist to assure safety, if medication is an issue or if diagnostic accuracy becomes an issue. [ ] \_\_\_\_\_

I understand that my therapist doesn’t have any idea what my arrangements are financially with Better Help, nor the fees I’ll be paying – this is between me and Better Help. [ ] \_\_\_\_\_

Also I understand that in my therapist’s private practice there is a 48-hour cancelation courtesy notice policy for therapy. I’m asked if at all possible, to cancel or make contact about rescheduling 48 hours ahead of my appointment time as a courtesy so that my therapist can plan their schedule and be able to accommodate to the needs of other clients as well [ ] \_\_\_\_\_

I understand that what I share in therapy is confidential, however, ***if I threaten to harm myself or someone else***, ***share that I am abusing a dependent, my therapist has to take necessary steps to assure safety which may involve divulging confidential information to others.*** Such action is most often taken when someone’s life is possibly in danger. [ ] \_\_\_\_\_

If I’m in involved in litigation of any sort and inform the court that I’m receiving services (resulting in my mental health becoming an issue before the court) I understand I ***may*** be waiving my right to keep my records confidential. I understand I may want to consult an attorney before disclosing to a court, or someone who might sue me in court, that I have received or am receiving treatment or diagnostic services. Therapists must respond to court issued subpoenas. [ ] \_\_\_\_\_

I understand that IF it may be necessary for me to be reached by email or telephone during or after therapy contacts for the purpose of confirming or scheduling appointments or any necessary follow up and understand that phone, email and mail contact carries risks where confidential information may be inadvertently released and should I share this information it means I’m willing to accept that risk. [ ] \_\_\_\_\_

The confidentiality of records of substance abuse clients is protected by Federal law and regulations. Generally, information regarding a client’s substance abuse treatment may not be disclosed unless a) the client consents in writing, b) the disclosure is by court order, c) the disclosure is made to medical personnel in a medical emergency.

I understand that records are kept on Better Help’s system, and that my therapist has no role in this but the record security is the sole responsibility of Better Help [ ] \_\_\_\_\_

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Client (or Parent/Guardian) Signature / Date:

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