



1924 Route 35, Suite 9A
Wall, NJ 07719
(732) 359-8686
Fax (732) 359-8688

Consent for Treatment and Limit of Liability

Limits of Service and Assumption of Risk:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, I am required by law to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, to it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e., the elderly, disabled/incompetent), I must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

I must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client’s records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the client.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, process of therapy, case notes, summaries, etc.

This psychotherapy center is a teaching center and employs Licensed Associate Counselors and Master level Interns who work directly with our Licensed Professional Counselors and are required to have supervision on a weekly basis.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand the meaning and ramifications; and understand that I may be treated by a Licensed Associate Counselor or a Master level Intern.

Signature

Date

Signature of Parent/Guardian

Relationship to Client