

Consent to Treatment



Kimberly Keiser
and Associates

I acknowledge that I have received information about the therapy I am considering. I have had all my questions answered fully. I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

Cancellation time is 24 hours notice on the previous business day before our scheduled session. If I do not cancel and do not show up, I will be charged for that appointment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

Confidentiality: In general, the law protects the confidentiality of all communications between a client and a therapist, and I can release information to others about your therapy only with your written permission (in the form of a "Release of Information" document). However, a number of exceptions exist where information is disclosed without written permission, including the following:

- Client is a danger to self/others
- Client requests a release of information
- Court orders a release of information
- Clerical assistants request client information for processing purposes
- Legal and clinical consultation situations require the information
- Client initiates a malpractice lawsuit
- Client is under 18 years of age and parents have rights to therapeutic information
- A child is abused or neglected
- An elderly person is abused or neglected
- An adult with a disability is abused or neglected
- An insurance company or managed care company requests a diagnosis or relevant clinical information

Kimberly Keiser is the owner of Kimberly Keiser & Associates (KKA). As such, Kimberly also serves as the clinical supervisor for the therapists employed by KKA.

My signature below shows that I understand and agree with all of these statements.

SIGNATURE OF CLIENT (OR PERSON ACTING FOR CLIENT)

DATE

PRINTED NAME

RELATIONSHIP TO CLIENT (IF NECESSARY)

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

SIGNATURE OF THERAPIST

DATE

Copy accepted by client Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.