

## INFORMED CONSENT FOR TREATMENT

I, \_\_\_\_\_, authorize and request that Mrs. Kelly Tobey, M.S.W., L.C.S.W., provide consultation, psychosocial assessment and/or treatment services. The frequency, purpose, and type of treatment will be discussed and decided between Mrs. Tobey, me, my managed care company (if applicable), and will be subject to my verbal agreement. I understand that Mrs. Tobey views treatment as a collaborative effort and utilizes a combination of several different therapeutic approaches, including cognitive behavioral therapy, mindfulness based cognitive therapy, psychodynamic therapy, and interpersonal therapy. I understand that I may ask Mrs. Tobey at anytime how these approaches aim to reduce troublesome symptoms and assist to resolve concerns. I also understand that sometimes managed care companies will only pay for brief treatment, which might not be sufficient to meet my needs and that my managed care company may determine not to pay for further services. In such a situation, I may have to decide whether to continue treatment and take responsibility for my own treatment costs.

I understand that there is an expectation that I will benefit from psychotherapy, but there is no guarantee that this will occur. I also understand that maximum benefit will occur with consistent attendance and that at times I may feel conflicted about my therapy, as the process can sometimes be uncomfortable as intense feeling states and emotions are addressed.

All information disclosed within sessions is *confidential* and may not be revealed to anyone without written permission *except where disclosure is permitted or required by law.*

Disclosure may be required in the following circumstances:

1. When the client is suicidal.
2. When the client communicates a threat of bodily injury and/or violence to others.
3. When there is reasonable suspicion of child abuse or abuse to a dependent or elder adult.
4. When there is domestic violence.
5. When there is a subpoena or court order for Mrs. Tobey to release information or testify in court.
6. When the client is a minor, to his/her parent or legal guardian (*only if court ordered*).
7. Unforeseen natural disasters (such as major earthquake, tsunami, etc.) that as a result Of destruction, exposes records.

***I have read, understand, and have received a copy of this Consent for Treatment form.***

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Spouse/SignificantOther \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

(consent for treatment revised 1/11/12)