

Consent to Treatment

Client Name: _____

Date: _____

I hereby request treatment at Lisa Haysmer, LMSW, LLC. By signing below, I understand that:

- Such treatment may consist of: Evaluation only, Psychotherapy, and other generally accepted treatment.
- Such treatment is voluntary and that I may refuse/discontinue treatment at any time.
- I have rights as a recipient of counseling services, and that I have the right to file a complaint if I feel my rights have been violated. I can call MDCH-ORR Hotline: 1-800-854-9090.
- My records and information will be kept confidential unless client (or guardian) provides written consent. Client information can be released without a client's consent under the following specific conditions: Client threatens to harm self or others; Suspicion of child abuse or neglect; Medical personnel when there is a medical emergency; or by Court Order.
- I am expected to refrain from hostile or violent behavior. Weapons are prohibited.
- I am expected to actively participate in the development and achievement of treatment goals, to the best of my ability. If I fail to follow through on significant parts of my treatment plan, my therapist may choose to refer me to a more appropriate treatment setting or clinician, or terminate treatment at Lisa Haysmer, LMSW, LLC.
- I am responsible for disclosing accurate information regarding my health insurance, and I accept responsibility for my fees, copays, deductibles, and changes in my insurance.
- I may choose to participate in concurrent services, self-help or advocacy groups without exclusion from treatment from treatment at Lisa Haysmer, LMSW, LLC.
- Lisa Haysmer, LMSW, LLC does not include services provided by a psychiatrist, though I am welcome to seek treatment from a psychiatrist.
- My therapist may discuss my case during case conferences with other clinical professionals, but such discussions will omit identifying client information.
- I have received a copy of Notification of Privacy Practices (HIPAA).
- The phone number provided to me is to be used only to 1) schedule/cancel an appointment during appropriate business hours or 2) in a life threatening emergency and not to be used for other purposes.

Client/Guardian Signature

Date

Therapist Signature

Date