

Consent for Treatment

Risks to Mental Health Services: Mental health treatment is dependent upon many variables including an individual's hereditary makeup and environmental experiences. Each client will respond uniquely to treatment. I offer qualified mental health services using widely-accepted methods. I make no claims as to the anticipated results of the treatment and recognize that, in a very few individuals, treatment poses the risk of unanticipated reactions, and, in some cases, symptoms may be alleviated through no treatment at all. Nevertheless, it is my intent to assist each client in defining problems and working toward satisfactory evaluation and/or resolution of those problems as outlined within the scope of the treatment plan discussed with the client.

Confidentiality: Information about clients is held in strictest confidence. No information will be released without written, informed consent from you, except under specific circumstances required by law. The Notice of Privacy Practices you have received discusses confidentiality in more detail. Please read it carefully. In recognition of an individual's right to privacy when seeking evaluation and treatment, I ask you not to reveal the name or identity of any other client being seen in this office.

Client's Rights: You have the following rights as a consumer of mental health services:

- To be treated with respect and dignity.
- To receive help to develop a plan of care and services that meets your unique needs.
- To refuse any proposed treatment, consistent with state regulations.
- To receive care that does not discriminate against you and is sensitive to your gender, race, national origin, language, age, disability, religion/spirituality, and sexual orientation.
- To be free of any sexual exploitation or harassment.
- To review your case records (see Notice of Privacy Practices).
- To have your information kept confidential as described in relevant statutes and regulations (see Notice of Privacy Practices).
- To lodge a complaint (see Notice of Privacy Practices).
- To choose a primary care provider pursuant to WAC 284-170-360.

Client Attestation: I have read the above Client's Rights and have been offered a copy of this Consent for Treatment. I have been given an opportunity to ask questions regarding all proposed treatment, and I agree to consent to services. I further agree that the outcome of my treatment is largely dependent upon my effort and cooperation. I indemnify and hold harmless Tacy L. Muzzy, Columbia River Counseling, LLC, and any staff associated therewith from any and all claims arising directly or indirectly from the services rendered under this agreement. Such indemnification shall include reasonable attorneys' fees and costs.

Client Signature

Date

Financially Responsible Individual Signature

Date

Therapist Signature

Date