



Consent for Counseling Services

I have voluntarily agreed to counseling services through Patti's Place. The counselor,
_____ has explained to me the following conditions of services:

Participation and Involvement

1. Counseling is a collaborative process between client and counselor. I understand that the counselor and I will set goals for the counseling sessions and evaluate progress made.
2. I understand that there are no guarantees that I will experience improvement in my emotional well being.
3. Counseling may be a painful process and I acknowledge the risks associated with addressing emotional issues.

Termination of Services

4. I may terminate services at any time by notifying in writing, by person, or by telephone a staff member of Patti's Place.
5. I understand that if, in the counselor's professional opinion the Patti's Place counseling services provided are no longer the most effective treatment for my emotional or other issues that may arise over the course of counseling, I will be discharged from Patti's Place services and offered other referrals if indicated.

Confidentiality

6. I understand that all of my records and all information about my counseling with Patti's Place will be confidential unless I sign a **Release of Information** authorizing others outside Patti's Place staff to be apprised.
7. Confidentiality is waived if at any time, in the professional opinion of the counselor, I pose a danger to others, or myself, or have committed abuse. I understand that the counselor is legally obligated to report abuse or neglect, risk of homicide, suicide, or other potential harm to another person or myself.

Signature of Client or Legally-authorized Representative:

Date: _____

Signature of Patti's Place Representative:

Date: _____