



Informed Consent for Assessment and Treatment

I, _____, understand that I am eligible to receive a range services from Serenity Insight. The type and extent of services that I receive will be determined following an initial assessment and through discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

Please initial understanding of the following:

_____ I understand that I have the right to ask questions throughout the course of treatment and may request an outside consultation at any time.

_____ I can expect regular review of treatment to determine whether treatment goals are being met.

_____ I agree to be actively involved in the treatment and review process.

_____ I understand that I have the right to terminate the services at any time, but agree to discuss this decision with my provider first.

_____ I understand that when consent is provided for services, all information is kept confidential except in the following circumstances:

- When there is a risk of imminent danger to myself or to another person, my provider is ethically bound to take necessary steps to prevent such danger.
- When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, my provider is legally bound to take steps to protect the abused party, and inform the proper authorities.
- When a valid court order is issued for records, my provider is bound by law to comply with such requests.

This is to certify that I have given consent freely and voluntarily, and that my rights pertaining to informed consent have been explained to me.

Client Signature:

Date:

Parent/Guardian Signature:

Date:

Counselor Signature:

Date: