WENDY CARANNANTE & ASSOCIATES, PLLC

CLIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME (IF APPLICABLE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INFORMED CONSENT OF COUNSELING SERVICES

Thank you for choosing Wendy Carannante & Associates, PLLC for your counseling needs. We understand that agreeing to counseling or testing is a big step for many people, and it is important for us to help create a healthy relationship with the client in order to help make the changes they desire to make. The information that follows is provided in order to answer any questions or concerns that you may have.

CONFIDENTIALITY - What you talk about during a session is confidential. In almost all cases, it will not he revealed to anyone without your written consent. However, due to state law there are some exceptions which will he listed below:

\*\*\*lf you threaten to harm or kill yourself or another person, we are legally and ethically required to take action for the protection of the threatened party. Our actions may include informing the threatened party, requesting your hospitalization, notifying your family or support group, or alerting the authorities.

\*\*\*If we know or suspect abuse or neglect of a child, a disabled person, or an elderly person we are required to inform the Department of

Children & Families.

\*\* \*If you name us in a lawsuit, the law says that we can, and sometimes are obligated to reveal information that would otherwise be confidential.

\*\*\* If we are ordered by a court to share tests or records, we may do so.

Please also be aware that most insurance companies require the counselor to disclose some information in order to authorize treatment, including some diagnostic information. This is not only shared from the first session, but from other sessions in order to authorize treatment.

If you have read and understood this section \*\*\*\*\*\*\*\*\*\*PLEASE INITIAL HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY/CRISIS SITUATIONS:

We check the company's e-mail and voicemail frequently and return correspondence at the earliest opportunity. However, if you have a crisis that requires immediate attention arid you are unable to reach us, please call 911. If you have a life-threatening emergency, please go to a hospital emergency room or call 911. Your safety and health is of the utmost importance to us.

CONSENT FOR COUNSELING: I have read and understood the information on this form, and voluntarily agree to participate in counseling, or consent to participation of my child in counseling.

Signature of patient or parent / guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_