



# DISCOVERY

COUNSELING CENTER

## Consent for Treatment

I, \_\_\_\_\_ agree to participate in therapy with

Richard Lam beginning \_\_\_ / \_\_\_ / \_\_\_\_\_. I understand that my therapist is a registered Marriage Family Therapist Intern and is working under supervision of Discovery Counseling Center's certified licensed Supervisors, Glen Drake. I further understand that my case will be discussed with Glen Drake.

**CONFIDENTIALITY STATEMENT:**

The therapist-client relationship is confidential. Your presence and all that you say is held in strict confidence. Information will only be released with your written permission and that permission may be revoked at any time in writing by you. According to California law, therapists are mandated reporters and must breach confidentiality under the following circumstances when there is a reasonable suspicion of:

- A. An incident of child abuse, past or present
- B. An incident of elder abuse or dependent adult abuse
- C. Serious threat of harm to oneself or to others or to property
- D. Certain other legal situations, such as a court order or a court-ordered evaluation

**FINANCIAL AGREEMENT:**

I understand the fee per 50-minute session (individual, couple, or family counseling) is \$75, which is payable at the time of treatment. DCC will accept cash, a personal check, credit or debit card. I will be charged for a returned check (NSF) in the amount of \$15.00. I may be charged a full fee for any scheduled appointment that I miss or that I cancel with less than a 24-hour notice. I will receive a receipt for monies paid to DCC. I also understand that periodically, fees are subject to change. In that event, I will be given a month's notice of any across the board fee increases. All services are performed in the DCC offices unless otherwise stated. Administrative staff may handle office and billing transactions as needed.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:**

I acknowledge receipt of the *Notice of Privacy Practices*, which provides information about how my protected health information may be used or disclosed. The DCC *Notice of Privacy Practices* is subject to change. If the notice is changed, you may obtain a copy of the revised notice by contacting me at 408-778-5120 at my extension or from the Discovery Counseling Center web site.

I understand there is a possibility that my stated goals may change during the therapeutic process. I also understand that this agreement does not guarantee that I will attain my stated goals or possible future goals; however, it does constitute an offer on my part, and the acceptance on the part of the therapist, to participate in therapy. My participation in therapy is voluntary and I may withdraw at any time.

In case of urgent situations between sessions, I have been told to call you and specify that it is urgent and you will call me back as soon as possible. I have also been told that if it is an emergency to call 9-1-1 or the Emergency Psychiatric Services at 408.885.6100 or go to my nearest hospital's emergency room.

\_\_\_\_\_ I acknowledge that I have received the *Notice of Privacy Practices*.

Discovery Counseling Center (DCC) offers various workshops throughout the year on subjects such as relational issues (Communication skills, Parenting, Resolving conflict, Developing deeper intimacy, domestic violence) and personal issues (Depression, anxiety, anger, PTSD, addiction, codependency, grief).

If you are interested in being added to our mailing list record your E-mail address below.

My E-mail address: \_\_\_\_\_

I have read the above information and understand that I am liable for all costs of treatment. I give Richard Lam permission to provide treatment for me.

Signature \_\_\_\_\_ Date \_\_\_\_\_