

# INFORMED CONSENT

Client: \_\_\_\_\_  
Other family member  
participant names: \_\_\_\_\_  
\_\_\_\_\_

The therapy provided is by a Licensed Professional Counselor, Vicki Curran, EdS, MA, LPC. This means the therapist is licensed by the state of New Jersey. The nature of your therapy is personal and sensitive, and therefore private. All communications between you and the therapist are protected by law, and can be released to others ONLY with your written permission. There are exceptions. Your initials below indicate that you have read and understand these exceptions.

## **Duty to Warn and Protect**

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities. \_\_\_\_\_ [initials]

## **Abuse of Children and Vulnerable Adults**

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

## **Prenatal Exposure to Controlled Substances**

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child. \_\_\_\_\_ [initials]

## **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records. \_\_\_\_\_ [initials]

## **Insurance Providers**

Insurance companies and other third-party payers are given information that they request regarding services to the clients. If you are claiming out of network benefits, this may apply. \_\_\_\_\_ [initials]

## **Legal Proceedings**

Information about you and your treatment here can only be shared with your expressed, written consent. In some proceedings involving child custody, or those where your emotional status may be an important issue, a judge may order the release of information or my testimony \_\_\_\_\_ [initials]

I have read the above information carefully, understand its contents, and agree to receive services for myself and/or my child(ren) under these conditions.

I understand that I may ask questions about any procedures or treatments offered to me at this facility and that I may stop treatment at any time.

\_\_\_\_\_  
Client/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Parent/Guardian

\_\_\_\_\_  
Date