

Consent to Treatment and Recipient's Rights

I, _____, the undersigned, hereby attest that:
(Patient Name)

I have voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship mentioned above, with Marsha Tilles, PsyD, LCSW, hereby referred as the therapist. The rights, risks and benefits associated with the treatment have been explained to me. I understand that therapy may be discontinued at any time by either party. The therapist encourages that this decision be discussed in advance of termination.

Recipient's Rights: I certify that I have received the Recipient's Rights pamphlet and certify that I have read and understand its content.

Patient Notice of Confidentiality: The confidentiality of patient records maintained by the therapist is protected by Federal and/or State law and regulations. Generally, the therapist may not disclose the patient's identity unless 1) the patient consents in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical personnel in a medical emergency.

Violation of Federal and/or State law and regulations by the therapist is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or State law and regulations do not protect any information about a crime committed by a patient, against the therapist, or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under Federal and/or State law to appropriate State or Local authorities. It is the therapist's duty to warn any potential victim, when a significant threat of harm has been made. In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records. Professional misconduct by a health care professional must be reported by other health care professionals, in which related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about client, not clinical information.

I consent to treatment and agree to abide by the above stated policies and agreements with the therapist.

Signature of Patient

Date