

Informed Consent for Treatment

Welcome to my practice. In signing this form, you are agreeing to the following:

Roberta E. Vose, Licensed Clinical Social Worker (herein referred to as “I”, “my” or “me”), offers some fairly clearly defined types of psychological services. You can learn more about these services in your first session with me. I will also explain the nature of the services verbally to you upon request. There are other types and styles of psychotherapy services available in the Central Florida community and world at large. You do not have to seek and receive services from me. You can terminate services with me at any time.

Everything that is discussed during your psychotherapy session is confidential, and will not be shared with anyone, except under the following circumstances: a child, dependent adult, or elder is being or has been abused or neglected, or has been a witness to domestic violence; you are suicidal, homicidal, intent on committing an injurious act to self or other, or you are gravely disabled; a judge orders me as your therapist to discuss your case and /or release your treatment records; or I decide to discuss your case with a mental health consultant to improve the quality of your treatment. In this last scenario, I will take reasonable precautions to disguise any information that might reveal your identity. Please refer to my Notice of Privacy Practices Required by Federal Law which includes Privacy Protections under State Law for additional specific use and disclosures.

You are seeking my services to gain the established benefits of psychotherapy. Most clients, but not all, notice progress and improvement over time in treatment. You are NOT seeking my services to generate reports for yourself or third parties, seek copies of clinical records for yourself or third parties, or compel my testimony in a legal proceeding, unless you have my explicit written agreement to do so.

By signing this Informed Consent for Treatment, you also agree that you have reviewed and understand the HIPAA Privacy Practices and Notice of Privacy Protection, posted on my website: Roberta E. Vose, P.A. A paper copy of this document may be downloaded and/or printed out for your records by you, or upon request, by me. The Notice of Privacy Protection contains a Patient Rights section describing your rights under the law.

Client Name: (Print): _____

Signature: _____

Date: _____