Informed Consent for Outpatient Treatment/Assessment

Psychotherapy services are not denied any person on the basis of race, color, gender, sexual orientation, creed, disability, national origin, duration of residence or age if fifteen years or older.

I, _____, request that Christina O. Rose, Licensed Professional Counselor, provide professional services to me or my child as a client. I have carefully read, or had read to me, the attached Disclosure Statement, Notice of Privacy Practices, and Office Policy Regarding Fees and Payments. I have had the opportunity to ask questions, and I understand the information. I agree to cooperate with and abide by all of its provisions as indicated by my signature here.

I am freely giving my informed consent for my treatment and/or assessment with Christina O. Rose, LPC. I understand that this relationship will continue until I inform her that I wish to end it. If at any time, I am dissatisfied with this therapy, I will fully discuss (to the best of my ability) my views, reason and plans for my treatment and/or assessment.

I understand and am informed that in the practice of psychotherapy, all effective treatments carry some risk. During psychotherapy there may be spells of being in touch with painful emotions, sometimes for the first time, which may temporarily lead to feeling worse. This is part of the process of facing, and learning to live with, one's feelings.

The process of psychotherapy can make people question the way they live their lives and make relationships. It is important that people try not to make major life decisions whilst they are in such upheaval, because the decisions may be impulsive, before the underlying issues have been understood. Sometimes, however, important decisions have to be made, and therapy should then provide a place for reflection and considering the options.

On occasions, a person drops out of therapy, feeling disappointed or angry with their therapist. As with any relationship, the reasons for this may be simple or complex - and there may be great benefit, even if the relationship ends, from understanding what went wrong, and why. Ideally this understanding can be worked out in collaboration with the therapist.

I understand that no guarantee has been made to me as to the results or cures that may be obtained from treatment and/or assessment with Christina Rose, LPC. I intend this consent form to cover the entire course of treatment for my present condition (s) for which I may seek treatment and/or assessment.

I, OR MY REPRESENTATIVE, HAVE READ, FULLY UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS. I HAVE RECEIVED A COPY OF THIS INFORMATION.

_____ _____

Signature of Client Date Signature of Insured/Agent Date

If client is under the age of 18, or is otherwise unable to sign, please complete the following:
Client is _____ years of age OR unable to sign because: _____.

_____ _____

Signature Date Relationship to Client

Christina O. Rose, LPC, LLC
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