

FAMILY SERVICE
Prevention, Education & Counseling NFP

INFORMED CONSENT FOR TREATMENT

Welcome to Family Service. Thank you for trusting us to assist you with your personal concerns. Please take the time to read and understand this document and ask your therapist about any portions which may be unclear to you.

The services we provide may include individual, couples, and group counseling and/or psychotherapy. Counseling services include general support, personal counsel to help individuals and families cope with personal problems and/or develop and strengthen capacities for more adequate social and personal adjustments. Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you are experiencing. There are many different methods we may use to deal with the problems that you wish to address. Psychotherapy calls for an active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solving of specific problems, and significant reductions in feelings of distress, but there are no guarantees as to what you will experience.

In your first session your therapist will offer you some sense of what therapy will entail and will work with you to address your concerns. You should evaluate this information and whether you feel comfortable working with your therapist. This client-therapist relationship is of utmost importance. If you have questions about our procedures you should discuss them with your therapist whenever they arise. While we encourage you to discuss your concerns with your current therapist to explore why things may not be working out, you are under no obligation to do so. You have the right to request another therapist.

In an Emergency

We are not an emergency facility. A receptionist will generally answer the phone Monday through Friday, 9:00 AM to 5:00 PM or you may leave a voicemail at any time in your therapist's confidential voice mailbox. However, we cannot guarantee that your message will be responded to until your therapist returns to the office. **If you have suicidal thoughts, thoughts about wanting to hurt someone else, or thoughts of committing dangerous acts, you may need to call 911 or go to your nearest Emergency Room and ask for the mental health professional on call.**

Additional numbers which are answered on a 24-hour basis and may be helpful to you in case of an emergency are as follows:

(847) 697-2380 (Community Crisis Center—English)
(847) 697-9740 (Community Crisis Center—Spanish)
(800) 273-8255 (National Suicide Prevention Lifeline)

Confidentiality

Information disclosed to the therapist is kept confidential and not revealed to anyone outside Family Service without written permission. There are specific and limited exceptions to this confidentiality which include the following:

- A. If there is risk of imminent danger to you or another person, the therapist is ethically bound to take protective actions. This may include contacting family members, seeking hospitalization for you, notifying any potential victim (s), or notifying proper authorities.
- B. If the therapist has reason to believe that a child or vulnerable adult is being neglected or abused, the law requires that the situation be reported to the appropriate state agencies.
- C. If a valid court order is issued for medical records, the therapist and the agency are bound by law to comply with such requests.
- D. If you are under 18 years of age, the law may provide your parents the right to examine your treatment records. Before giving parents any information we will discuss the record with you, if possible, and do our best to handle any objections you may have with what we are prepared to discuss.

This form is to be signed by all participating members. Signing indicates that you have read, understood and agree to abide by its terms during our professional relationship. You may stop treatment at any time, although this is best accomplished in consultation with your therapist.

A copy of this will be provided upon request.

Signed _____ Date _____

Therapist _____

* This file can be audit by founders, government agency, and internal review for quality control.