

## **INFORMED CONSENT**

Shore Counseling and Consulting Clinic wants you to be aware of your rights as a patient and asks for your informed consent to receive treatment. When you meet with your counselor you will receive a statement that explains your rights under HSS.94.

- A. The benefits from therapy may include, but are not limited to, being better able to meet your needs, improve communication skills, more satisfying and intimate relationships, and better understanding of your personal goals and values.
- B. Therapy is conducted in individual, family, couples, or group sessions with a therapist for purposes of determining and resolved problems or concerns.
- C. Therapy may include the risk of remembering unpleasant events and can arouse intense emotions of sadness, fear, and anger. Feelings of anxiety, depression, frustration, loneliness, or helplessness may also be aroused.
- D. The therapist may suggest alternative treatment modes and will make referrals when appropriate or necessary.
- E. If you forgo therapy, it is possible your problems may not be resolved, or may become worse than they are at the present time.
- F. This informed consent will be in effect until such time that you are discharged from treatment, either by mutual agreement with your therapist, or through your own decision. Or for 15 months, whichever should come first.
- G. You have a right to withdraw this informed consent at any time; your request must be in writing.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CLIENT'S NAME: (PRINT)** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**RELATIONSHIP (IF OTHER THAN CLIENT):** \_\_\_\_\_