

Consent for Treatment

I, _____, authorize and request that Charles Asher, D. Min, LMFT provide counseling services, diagnosis, treatment, and/or diagnostic procedures which now or during the course of my care as a patient are advisable. The collection of such data is what the law calls Protected Healthcare Information (PHI). The frequency and type of treatment will be decided between my psychotherapist and myself.

I understand that the purpose of these procedures will be explained to me and be subject to my verbal agreement.

I understand that there is an expectation that I will benefit from psychotherapy but there is no guarantee that this will occur.

I understand the maximum potential benefit will occur with consistent attendance at regularly scheduled sessions and depends upon multiple factors, such as motivation, effort devoted to the work, as well as other life circumstances.

I have been informed in a general way of the nature of counseling, my psychotherapist's training and background, confidentiality and its limits, and our efforts to identify the presenting issues and potential direction for our work together.

I have read and signed the forms made available to me including the **Office Guidelines, Consent for Treatment, Intake Form, Authorization for Use or Disclosure of Protected Health Information, Patient Rights and HIPAA Authorizations, Cancellation Policy** and for couples counseling the **No Secrets Policy**. I understand how my personal health information can be used and shared in the future through the **Patient Rights and HIPAA Authorization** form. I understand copies of these form are available upon request, and furthermore that a more detailed account of **HIPAA Notice of Privacy Practices** is available upon request. Further I understand my financial responsibilities in assuming treatment. I understand I am able to discuss any of these matters with my psychotherapist.

If I am concerned about some of my information, I have the right to ask that it not be used or shared for treatment or administrative purposes. I agree to advise Charles Asher of my concerns in writing. I understand that he will try to respect my wishes but is not required to agree on any limitations.

My signature below indicated that I have read and understand the **Consent for Treatment Form**.

Client

Signature _____ Date _____

