

INFORMED CONSENT FOR TREATMENT

Professionals at DCMHC Include: Psychologists, Professional Counselors, Social Workers, Marriage and Family Therapists, Interns, and any other licensed or limited licensed therapist.

CLIENT THERAPIST RELATIONSHIP

The child and their therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. The therapist can best serve the child's needs by focusing solely on therapy and avoiding any type of social or business relationships with you or them. Gifts are not appropriate, nor is any sort of trade of service for service.

AVAILABLE SERVICES

Donarski Center for Mental Health Counseling, LLC offers a wide array of counseling services, including individual, family, couples, group counseling, and reunification counseling. These services are provided respectively by licensed professional counselors, licensed clinical social workers, licensed marriage and family therapists, and doctors of psychology.

RISKS AND BENEFITS

Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, there will be discussions about personal issues which may bring to the surface uncomfortable emotions such as anxiety, anger, guilt, and sadness. The benefits of counseling, however, can far outweigh any discomfort encountered during the process. Some of the possible benefits include, but are not limited to:

- improved personal relationships
- reduced feelings of emotional distress
- specific problem-solving

We cannot guarantee these benefits. It is our desire, however, to work with the child to attain the goals set for counseling, and psychotherapy.

COUNSELING

We provide outpatient counseling designed to address many of the issues our clients are dealing with. The first visit will be an assessment session in which the child and their therapist will determine concerns with input from parents/guardians and, if it is agreed the current therapist can meet the therapeutic needs, develop a plan of treatment. Should you choose not to follow the plan of treatment provided by the child's therapist, services may be terminated.

The therapist's goal is to provide an effective therapeutic experience. If at any time you feel the child and their current therapist are not a good fit, please discuss this matter with the therapist to determine if a transfer to a more suitable therapist is right. You may also consult with Edwin R. Vergara MA, LPC. If it is decided that other services would be more appropriate, we can assist you in finding a provider that may meet your child's needs.



Wellness is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieve health. Through the ongoing integration of our physical, emotional, mental, and spiritual self, each person has the opportunity to create and preserve a whole and happy life. Our services are designed to provide our clients an integrated solution for their mind, body, spirit, and life, to enhance their lives and resolve issues.

APPOINTMENTS

Appointments are typically scheduled on a weekly basis and are approximately 45-50 minutes. More frequent sessions or an intensive outpatient schedule are available if determined appropriate by your child's therapist.

If you must cancel or reschedule an appointment, we ask that you call our office at (269) 982-3832 at least 24 hours in advance, whenever possible. This will free their appointment time for another client.

Please note that you may be charged up to an \$85.00 fee for a non-cancelled/missed appointment with a masters level clinician, and a \$150.00 fee for a non-cancelled/missed appointment with a doctoral level clinician. Clinicians are at discretion to charge a fee not to exceed the above amount. Your insurance company is not responsible for this payment and cannot be billed for a missed appointment. It is our policy and option to not honor future scheduled appointments following repeated missed appointments or refusal to pay fee.

DCMHC reserves the right to override arrangements for recurring appointments after repeated no-call/no-show events. You will be notified by our office staff that the child is being removed from the recurrent schedule, at which time, any future appointments will be nullified. If you would like to be placed back on the schedule, feel free to call our office and one of our staff members will be able to assist you. Bear in mind the possibility that your recurrent slot may have been granted to another client.

EMERGENCIES

The child may encounter a personal emergency which will require prompt attention. In this event, please contact our office regarding the nature and urgency of the circumstances. We will make every attempt to schedule them as soon as possible or to offer other options or referrals.

It is not always possible to return a call immediately. However, we will make every effort to respond to the emergency in a timely and efficient manner. If the emergency arises after hours or on a weekend, please call our office and leave a message. Furthermore, if the child experiences a life-threatening emergency, call 9-1-1 or take them to the nearest emergency room for help. When their therapist is not available, you will be advised and given the name of an on-call therapist for assistance until their therapist returns.

CONFIDENTIALITY

DCMHC follows all ethical standards prescribed by state and federal law. We are required by practice guidelines and standards of care to keep records of their counseling. These records are confidential with the exceptions noted below and in the notice of privacy practices provided to you.

Discussions between a therapist and a client are confidential. No information will be released without the parent/guardian's written consent unless mandated by law. Verbal consent will be used in cases of emergency. Possible exceptions to confidentiality include, but are not limited to, the following situations:

- Child, elder, or disabled abuse or neglect

- Harm to self or others
- Abuse of patients in mental facilities
- Sexual exploitation
- AIDS or HIV infection and possible transmission
- Criminal prosecutions
- Child custody cases
- Suits in which the mental health of a party is in question

If you have any questions regarding confidentiality, please broach the subject with the child's therapist.

By signing this information and consent form, you are giving consent to the therapist to share confidential information with all persons mandated by law, with the agency that referred you, and the insurance carrier responsible for providing the child's mental health care services and payment for those services. You are also releasing and holding harmless the child's therapist from any departure from the child's right of confidentiality that may result.

DUTY TO WARN/PROTECT

If the child's therapist believes they are in any physical or emotional danger to themselves or someone else, I hereby specifically give consent to the therapist to contact any person who is in a position to prevent harm to them or another, including, but not limited to, the person in danger.

INCAPACITY OR DEATH

I understand that, in the event of the death or incapacitation of the child's therapist, it will be necessary to assign their case to another therapist and for that therapist to have possession of the treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned therapist, to take possession of the child's records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

CONSENT

By signing this Informed Consent for Treatment, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given an appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to the child receiving mental health treatment and services and I understand that I may stop such treatment or services at any time.