Consent for Treatment

Complete Circle Counseling & Coaching, P.A

**Therapist Qualifications**

Rebeca Sandoval is a Licensed Specialist Clinical Social Worker. She holds a Master of Social Work degree, has extensive additional training, and more than twenty years of social work experience. She is licensed to diagnose and treat mental disorders and to provide individual, group and family therapy without supervision.

**What to Expect from Treatment**

Studies of psychotherapy indicate that most clients benefit from treatment and experience improvement in the problem areas for which services were sought. However, treatment benefits can not be guaranteed. Response to therapy is different for each client and should be discussed on an ongoing basis.

Psychotherapy can involve a variety of different activities, which vary from client to client. In general, the therapist will assess your problems and then will provide therapeutic services designed to resolve or reduce the problems. There may be individual work with you or your child, discussions with you possibly including ways to help your child outside of therapy, and/or family sessions. Therapy may focus on feelings, thoughts, relationships, and/or behaviors. With young children, therapy generally includes play activities used as a means of understanding and communicating with the child.

Assessment procedures may include standardized tests or techniques used to aid in diagnosis and treatment. Assessment for psychotherapy will not generally follow the procedures for a child custody evaluation and the therapist may refuse to give an expert opinion in court.

**Confidentiality / Privacy**

Historically, psychotherapy was associated with complete confidentiality between the family and clinician. Currently, both law and professional ethics require therapists to maintain complete confidentiality in the vast majority of cases. In these cases, the therapist cannot release any information about your family without your expressed permission. However, as a result of legal developments, there are some exceptional circumstances in which therapists are required to communicate information about therapy to persons outside the family. These exceptions include the following situations:

• The client presents a clear and present danger to himself or herself and refuses to accept appropriate treatment.

• The client communicates to the therapist a threat of physical violence against a clearly identified or reasonably identifiable victim, or the therapist has a reasonable basis to believe there is a clear and present danger of physical violence against such a victim.

• The client introduces his or her mental condition as a defense in a legal proceeding.

• In child custody or adoption cases, the judge determines that the therapist has information bearing significantly on the client’s ability to provide suitable care.

• The client initiates legal action against the therapist.

• The therapist has grounds to believe a child under the age of 18 or an elderly person (over age 60), or a handicapped adult, has been, or is at risk of being abused or neglected.

• The therapist has reason to believe a health care professional has engaged in professional misconduct.

• A judge orders the therapist to release client information.

It should also be noted that insurance companies reimbursing mental health services require information about these services. Therefore, if you are using insurance to pay for the treatment, information will be released to your insurer.

Any matter brought to the therapist's attention by a child or either parent regarding the child may usually be revealed to either or both parents. Matters that are irrelevant to the child's welfare may be kept in confidence. The decision whether to disclose relevant information is a matter of the therapist's professional judgment.

Please refer to the “Notice of Privacy Practices” Handout for additional information about compliance with HIPAA law relating to privacy and our practices. Rebeca Sandoval is an independent practitioner. Complete Circle Counseling & Coaching Center files insurance claims and schedules appointments and provides therapists she may consult with to improve patient care or to cover for her when she is on vacation. She regularly may consult with another licensed mental health professional regarding best practices in patient care.

**If you DO NOT consent for Rebeca Sandoval, LSCSW to consult with another licensed mental health professional contractually bound to maintain your confidentiality while assisting her, please initial here. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regarding Use of Social Media:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial here if you have been given a copy of the Social Media Policy)**

**Mail, Email, and Phone Contact from Complete Circle Counseling & Coaching:**

As a part of our ongoing healthcare operations, on an infrequent basis we may sometimes send our clients and former clients’ information about our services such as a newsletter, or birthday or Christmas greetings, either by mail or email. If you prefer that we **do not** put you on our mailing list or contact you regarding anything except your current treatment, billing or insurance, please initial here. \_\_\_\_\_\_\_\_\_\_\_\_\_

Rebeca may generally text one or two days before appointments with appointment reminder and/OR may leave a message if you have an answering system. If you have special instructions regarding communications such as where to send bills, how or when to contact you, or what kind of message we may leave at home or elsewhere, please tell us here (otherwise we will use our standard procedures and information you provided on the client information sheet): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for myself and/or as parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, indicate by my signature on this form that I consent to the evaluation/treatment process with Rebeca Sandoval, L.S.C.S.W. I understand that this process may include me, my child, and/or other family members. I understand and consent to the conditions described above. I also acknowledge that I have received the Notice of Privacy Practices on the following pages and have been informed of the exceptions to confidentiality as described above.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**