

Informed Consent to Treat

1. I will be given a clear description and treatment recommendations from my mental health provider regarding the problems, diagnosis, personal strengths/limitations and treatment interventions proposed.
2. I voluntarily agree to undergo mental health treatment understanding that I may end treatment at any time. If an appointment has been scheduled; I will give at least the required 24 hr. notice.
3. I understand that my mental health provider may make diagnostic and treatment recommendations with which I do not agree. Furthermore, I understand my mental health provider cannot guarantee results of mental health services. There will be clearly stated reasons, goals, and objectives for continuing treatment.
4. I understand there may be some risks in participating in mental health services. These may include, but are not limited to, addressing painful emotional experiences and/or feelings; being challenged or confronted on a particular issue. I am aware that I can discuss any unforeseen risks vs. benefits with my provider at any time. In the case of psychiatric care, medications, side effects, and alternative treatments will be discussed.
5. In the case of a **life threatening** emergency, Benhaven Counseling, LLC maintains a 24 hour answering service.
6. I understand that if I have a grievance with my mental health provider, I will first attempt to communicate this directly to him/her. I may also choose to reschedule with another provider at Benhaven Counseling, LLC.
7. I understand that this "Informed Consent to Treat" is not intended to be "all inclusive" of aspects of my mental health treatment. It is intended to provide some useful information before deciding to engage in mental health treatment.

Limits of Confidentiality: The information you share with your Mental Health Provider is considered to be confidential. In most cases, information cannot be released to anyone without your written consent. However, in certain circumstances, information can be shared legally without your permission. These circumstances include:

- a. Suicide: if you are assessed to be a danger to yourself; cannot guarantee your physical safety; and/or have immediate suicidal plans, this information is not considered to be "confidential". Actions may be taken to ensure your safety.
- b. Homicide: if you are assessed to be a danger to others; and have immediate, specific plans to cause fatal injury/harm to another person, this information is not considered to be "confidential". Actions may be taken to protect the safety of others. The police may be notified of your intentions as well as the intended victim.
- c. Court order/subpoena: Your Mental Health Provider(s) can be required to relinquish a copy of your written Mental Health Record to the appropriate Courts. Mental Health Providers can also be subpoenaed to testify in court without your consent.
- d. Child or Elder abuse/neglect: Ohio Law requires your Mental Health Provider to report any suspicion or evidence of child or elder abuse or neglect. This law also applies to past incidents of abuse or neglect.
- e. Laws regarding minors in mental health services: certain information may be shared with parent/legal guardians at the discretion of the mental health provider(s).

Mental Health confidential information may also be used in a number of ways within Benhaven Counseling, LLC without your written permission for coordinating services and delivering quality care. These may include:

1. For billing purposes: a diagnosis is given to your insurer for reimbursement purposes.
2. Consultations with other providers at Benhaven Counseling, LLC.

**I have reviewed this " Informed Consent to Treat" Form.
My signature indicates my understanding and acceptance of this information.**

Client Signature _____ Date _____

In the cases of minors, please see addendum form – "Consent to Treatment a Minor"