

DaySpring Counseling

CONSENT FOR SERVICES

I understand and agree to the following:

Dayspring Counseling does not practice nor maintain support for crisis intervention therefore is not available for 24hr/7-day per week consultation via phone or in person. Any situation that might be considered a medical, emotional and/or mental health emergency should be handled at the nearest medical emergency room in your area or by contacting 911.

The law protects the privacy and confidentiality of communications between a client and a therapist. In most situations, we can only release information about your treatment to others if you sign a written Authorization Form that meets certain legal requirements imposed by HIPAA. However, there are three exceptions in which we are required legally and ethically to break this confidence and contact the appropriate person(s) and/or authorities. They are as follows;

- 1) Information that indicates you are likely to harm yourself or another person.
- 2) Information that indicates neglect or harm to a minor or those unable to protect themselves.
- 3) A legal situation in which case notes are subpoenaed to court regarding your involvement in counseling and/or if we are required to testify.

A counseling hour lasts for 50 minutes and may be scheduled on a weekly, bi-weekly, monthly or other specified basis. Termination or quitting counseling is your personal right at any time.

All DaySpring counselors are licensed in the State of Ohio as Professional Counselors and are qualified to diagnose and treat mental and emotional disorders as well as provide individual, group, family and couples therapy.

I have read and understand what I can expect from counseling treatment offered. I hereby consent for DaySpring Counseling, LLC. to provide professional diagnostic assessment, counseling services and/or testing for myself or for my child.

Client or parent/guardian signature

Date

Other signature if couples or marital counseling

Date

Provider & credentials

Date