

CONSENT FOR TREATMENT AND LIMITS OF LIABILITY RHM Consulting, LLC.

Limits of Services and Assumption of Risks:

Therapy services carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and or resolve other specific issues. However, these improvements and any 'cures' cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy sessions is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another part without your written consent of the written consent of your legal guardian. The following is a list of exceptions:

- **Duty to Warn and Protest:** If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.
- **Abuse of Children and Vulnerable Adults:** If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and or legal authorities.
- **Prenatal Exposure or Controlled Substances:** Therapists must report and admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.
- **Minors/Guardianship:** Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.
- **Insurance Providers:** Insurance companies and other third-party payers are given information that they request regarding services to the client.

The types of information that may be requested includes: types of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature _____ Date _____
(Client's parent/guardian if under 18)

