

Consent for Treatment

Client _____

Date of Birth _____

This is to certify that I give my permission to Crystl Murray-Mills for treatment.

I grant my permission for any therapy, testing, or diagnostic evaluation that the counselor may deem necessary in individual, marital, or family therapy. I understand the potential for emotional discomfort and relationship changes not originally intended. I understand that Crystl Murray-Mills does not guarantee any particular results or outcome from the counseling process.

Initial _____

I understand the risks of counseling as explained above. I understand that Crystl Murray-Mills is not an emergency facility and in the event of an emergency I agree to call First Call for Help at 838-4651 or 911.

Minors and Parents

In the State of Washington, clients 13 and older are responsible for their own medical care, including counseling. Parents may not be able to examine their child's treatment records without their child's written consent. Privacy in psychotherapy is often crucial to successful progress, particularly with teenagers; therefore, during treatment, I will provide parents with only the general information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's Authorization, unless I feel that the child is in danger or a danger to someone else, in which case, I will notify parents immediately. When I believe it would be useful for the parents to have any given information, I will discuss the matter with the child directly and ask that the parents participate so that the child can communicate to the parent directly. Lastly, if there is any information the parents believe would be helpful for me to know, they are welcome to leave that information for me in writing or on my voicemail but I will not be able to directly address that information without the approval of the client. If you become involved in legal proceedings that require my participation, you will be expected to pay for all my professional time, including preparation and transportation costs, even if I am called to testify by another party. Due to the difficulty of legal involvement, I charge \$150 per hour for preparation, telephone or personal attendance at any legal proceeding.

To be signed by legal parent or guardian:

Signature of Client _____

Printed Name _____

Date _____

Witness signature/Title _____

Date _____