



## CONSENT FOR ASSESSMENT and/or TREATMENT

**Client's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Regarding services at the Village Counseling Center (VCC), I understand that:

1. My participation in any service is voluntary and my consent and/or participation may be withdrawn at my discretion.
2. Although there may be a court order for me, or my child to participate in treatment, my participation is voluntary.
3. I have the right to understand the purpose and goals of my treatment and can ask questions at any time.
4. My confidentiality will always be protected, and personal information will not be shared with others without my consent (e.g., Release of Information Form).
5. There are legal limitations on confidentiality that must be observed by all mental health professionals. Specifically, VCC has a legal responsibility for assessing risks associated with suicidal and/or homicidal ideation and depending on the risk VCC has a duty to protect the client and/or others who might be in harm's way. This may include helping a client attain a safe environment by assisting with emergency mental health services, calling 911 and/or contacting law enforcement.
6. Services will be provided within the scope of your provider's licensure, certification, and training. I will be informed if my mental health needs are beyond the scope of my provider's qualifications.
7. If the client is a minor, all legal guardians must consent to services and sign a "Consent for Assessment and/or Treatment" Form regardless of court sanctions, orders, custody arrangements, etc.
8. Counseling and behavioral health treatment is not an exact science and active and appropriate participation is necessary for best results. No specific treatment recommendations and/or outcomes can be promised or guaranteed.
9. VCC does not provide emergency or afterhours services and I should contact a crisis line, 911, mental health facility and/or hospital in a life threatening or emergency situation.
10. My services may be discontinued at the discretion of my provider if I am inappropriate, destructive or unlawful and if I do not participate appropriately or attend scheduled appointments.
11. I may not record (e.g., audio, video, etc.) any VCC assessment and treatment services without my providers consent and that doing so may result in criminal charges as well as immediate discharge from treatment.
12. I can obtain a copy of this form as well as the VCC Client Rights and Responsibilities and VCC HIPPA Notice at any time by request or at [www.villagecounselingcenter.net](http://www.villagecounselingcenter.net).

I, or as the legal guardian of the youth named above, agree with all the conditions above and grant the Village Counseling Center (VCC) permission to assess and/or treat myself or the client named above.

**Printed Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

Rev 10/2018