



935 Willagillespie Road, Eugene, OR 97401  
Email: [Info@DeNovoCenter.com](mailto:Info@DeNovoCenter.com)

**CONSENT TO TREAT / AGREEMENT FOR THERAPY SERVICES**

**CONSENT TO TREATMENT:**

I have been given an appropriate opportunity to address any questions or request clarification for anything that is unclear to me within the therapeutic process with my counselor. I am voluntarily agreeing to receive a mental health assessment, and/or treatment and services for myself (or my child if said child is the client), and I understand that I may stop such treatment or services; at any time. The permission is given with the understanding that DeNovo Center counseling services are in place to enhance personal growth and to facilitate healing through professional counseling practices. Treatment services may consist of psychotherapy, and teaching life skills to assist individuals in dealing with personal, relationship or family issues.

**TREATMENT SERVICES PROVIDED:**

**Individual Therapy Sessions:**

At DeNovo Center, individual therapy is offered a strength-based, client centered approach. Each session consists of 50 minutes, with a licensed therapist. The therapists strive to work with the client to inspire change, achieve goals, and improve overall quality of life. DeNovo Center offers a vast array of therapeutic approaches such as, CPT, CBT, DBT, and Motivational Interviewing.

**Group Therapy Sessions:**

DeNovo Center offers group therapy that consists of 6 to 8 clients with a licensed therapist. In group therapy, individuals will be able to recognize that they are not in their struggles alone. Clients will be supported in communicating their stories, connecting with group members, and gaining insight leading to improved overall well being. Group therapy is essential in creating a support network that can be critical to long term health and recovery.

1. \_\_\_\_\_initials

#### PROCESS OF THERAPY AND POTENTIAL RISKS:

Participating in therapy can provide benefits such as deeper understanding of self, goals for the future, improvement or resolution of the presenting issues that bring you to counseling and enhanced communication skills for personal relationships. These benefits are best served with honest and open engagement from you. To achieve positive changes in therapy, it requires trust and commitment to the therapeutic process.

#### RISKS:

It is important to remember that the therapeutic process occurs at different rates for different individuals depending on various factors. While working hard toward achieving your goals it might be necessary to talk about some topics that cause some negative feelings that can be painful. Some topics might cause discomfort, anger, depression, insomnia, worry or fear. Clinicians at the DeNovo Center may challenge some of your assumptions and perceptions or pose a different way to look at the topic, which could cause you to feel upset, angry, disappointed or challenged. We encourage you to communicate such feelings with your clinician, so treatment options can be discussed. We also ask that you do not terminate treatment without having a final meeting with your clinician in order to ensure proper closure or to provide you with the necessary referrals.

#### YOUR RIGHTS AS A CLIENT:

- You have a right to be informed of the qualifications of your counselor: education, experience, professional counseling certifications, and license(s).
- You have a right to receive an explanation of services offered, your time commitments, fee scales, and billing policies prior to receipt of services.
- You have a right to have all that you say treated confidentially and be informed of any state laws placing limitations on confidentiality in the counseling relationship.
- You have a right to ask questions about the counseling techniques and strategies and be informed of your progress.
- You have a right to participate in setting goals and evaluating progress toward meeting them.
- You have a right to be informed of how to contact the counselor in an emergency situation.
- You have a right to request a referral for a second opinion at any time.
- You have a right to request copies of your mental health assessment.
- You have a right to receive a copy of the code of ethics to which your counselor adheres.
- You have a right to contact the appropriate professional organization if you have doubts or complaints relative to the counselor's conduct.

#### YOUR RESPONSIBILITIES AS A CLIENT

- Set and keep appointments with your therapist.
- Let him or her know as soon as possible if you cannot keep an appointment.

- Pay your fees in accordance with the schedule you pre-established with the therapist.

2. \_\_\_\_\_initials

#### LIMITS OF CONFIDENTIALITY:

All information disclosed in session and in written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law. Some exceptions that are governed by law are:

- ~ If there is reasonable suspicion of abuse, neglect, or exploitation of a child, elderly or disabled person
- ~ If there is a court order issued for records
- ~ If client or another individual is in clear imminent danger

If you threaten to harm yourself, someone else, or the property of others your clinician is required by law to contact the proper authorities and take reasonable steps to warn the potential victim and prevent the threatened harm. In such an instance only minimal information will be given to appropriate authorities contacted to ensure the safety of yourself and others. Additionally, when submitting claims to insurance carriers such information such as diagnosis, symptoms and treatment progress must be included to obtain authorization for services and to continue.

3. \_\_\_\_\_initials

**CANCELLATION OF APPOINTMENTS:** Appointments are mutually arranged between you and your clinician. If you are unable to make your scheduled appointments please contact your clinician 24 hours provided to your scheduled session. There is a \$100 fee for no-show appointments or cancellations with less than 24 hour notice.

**AFTER HOUR EMERGENCIES:** In the event of a medical or psychiatric emergency call 911. If you leave a message with your clinician after hours that you are in need of immediate attention, your call will be returned as soon as possible (within the first business day) to arrange an emergency session.

4. \_\_\_\_\_initials

#### HEALTH INSURANCE AND CONFIDENTIALITY OF RECORDS:

The health Insurance and Portability and accountability Act of 1996 (HIPAA) is a federal law that is designed to protect the privacy of patient information, provide the electronic and physical security of health and patient information, and simplifying billing and other electronic transactions by standardizing codes and procedures. A piece of law recently took effect and is known as the HIPAA Privacy Rule. The HIPAA Privacy Rule creates a minimum federal standard for the use and disclosure of Protected Health Information (PHI) by health organizations. One of the requirements of the Privacy Rule is that we give to you a Notice of Privacy Practices (NPP) that describes your rights and protections regarding your health care records (PHI)

~ I have reviewed and understand DeNovo Center's HIPAA Policies and Notice of Privacy Practice.

~ I have read the above agreement and office policies and general information carefully. I understand and agree to comply with them.

I \_\_\_\_\_ am consenting to move forward with therapeutic treatment with DeNovo Center.

Client name \_\_\_\_\_

Date \_\_\_\_\_

Client signature/ Legal Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Legal Guardian name/ Relationship to client \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_