

Informed Consent

I understand that all information related to my attendance and participation in counseling will be maintained strictly confidential, with the following exceptions required by law:

- *If I disclose intentions or a plans to harm another person, disclose or imply a plan to commit suicide, or share information that suggests that a child or vulnerable adult is being abused, Amistad staff are required to notify the appropriate authorities so that arrangements can be made to secure the safety of the individual involved.*
- You may request information from your file by filling out an "Release of Records" form. Files are the property of Amistad Family Services, not the client. Amistad Family Services will release joint records only with the consent of **ALL** participating clients. In the event of a client's death, the client's spouse or parents have a right to access their child or spouse's medical records (excludes therapy progress notes), and a fee of \$0.24 per page will apply.
- As deemed necessary, all information related to my/my child's attendance and participation may be shared with a licensed clinical consultant.
- Amistad encourages spouses to inform their marriage partner of their involvement in counseling. If contacted by the non-attending spouse, this counselor will acknowledge only that I am engaged in counseling.
- I give my permission to notify my referral source of my attendance at my initial session. Yes
 No
- If family members are receiving services through multiple providers, I give my permission for the providers to communicate when therapeutically appropriate to improve treatment outcomes. Yes
 No
- I give my permission for Amistad Family Services to contact me via mobile communication including the use of cellular phones, text/sms messaging, and e-mail. Yes
 No
- I agree to refrain from audio or videotaping any interactions with my/my child's therapist without specific written consent by all participants. To maintain the integrity of the therapeutic process, I understand that recording of any kind will not be permitted unless written consent is given. Yes
 No

Master's Level Provider: I understand that I am being treated by a Master's level therapist who is receiving direct clinical supervision, but is not independently licensed.

Intern Provider: I understand that I am being treated by a Master's level student who is receiving direct clinical supervision, but is not yet licensed.

The benefits and risks of counseling: This process often brings out intense emotional experiences as well as strong anxiety. It may also expose or create tension in my close relationships as I work at changing and growing. It frequently results in a better understanding of important issues, positive change and growth; but Amistad cannot guarantee that this will happen in my case. My rights to confidentiality, the Federal Privacy Act (HIPAA), the risks and benefits of psychotherapy have been explained and I consent to treatment as indicated by my signature below:

Client Name

Client Date of Birth

Client/Parent/Guardian/Representative Signature

Date

Clinician Signature

Crisis Intervention Disclaimer

Amistad Family Services, Inc. **DOES NOT provide 24/7 crisis intervention.** For immediate crisis intervention, please call one of the following:

- Emergency: 911
- Mesilla Valley Hospital: (800) 877 – 3500
- Kid Talk: (575) 646 – 3636

I have read and understand this disclaimer, as indicated by my signature below:

Client/Parent/Guardian/Representative Signature

Date

Clinician Signature