

Turner Consulting & Therapy Services

Consent for Consulting and Counseling Service

I understand that by signing this form that I am agreeing for the Client,
_____ to receive services, including services provided by Licensed Professional Counselors, Licensed Clinical Social Workers, or a Licensed Marriage and Family Therapist at Turner Consulting & Therapy Services which may include the following:

- Individual Therapy, Family Therapy, or Group Therapy
- Assessments, or Evaluation and Reporting Writing

Procedures/Techniques

I understand that assessment and treatment activities may include a combination of the following: evaluation of intelligence and cognitive functioning; evaluation of emotional, social, and behavioral functioning; individual, family, or group therapy; health and behavior assessment and intervention. I understand that the Client may be seen for multiple visits at Turner Consulting & Therapy Services for these activities. The provider working with the Client will keep me informed regarding changes to services being provided.

Duration

I understand that the duration of service will vary depending on the Client needs. The provider will be able to provide information regarding the anticipated duration of services.

Authority to Consent

By signing this form, I am representing there are no court orders in effect that would prohibit me from consenting to the mental health treatment and assessment of the Client, if I have a Joint Managing Conservatorship of Client, I represent that, if required, I have conferred with my child's other parent/joint conservator before proceeding with treatment.

Custody Matter Limitations

Our providers support a cooperative parenting approach in working with divorcing or conflicted parents. The provider will not complete evaluation for the purpose of determining fitness for parental custody nor will the provider make recommendations

regarding custody. It is agreed by signing this consent that the Patient and the Patient's legal guardians will not call or subpoena any provider to testify in a custody dispute.

Confidentiality

I understand that the information shared with the provider is **CONFIDENTIAL**. I understand that I will be provided information about the Client treatment, and about findings and recommendations from screenings and assessments. If my child is receiving individual therapy services, the provider working with the Client may share recommendations with the Legally Authorized Representative but may keep other information confidential between the provider and the Client.

I understand and the Client understands that the provider may not and at time by law cannot keep information confidential if it involves the following: the Client is in imminent danger of harming themselves or others; discloses abuse or neglect of themselves or another minor, elder person, or disabled person; is engaging in behavior that impacts their personal safety; or unless otherwise required by law.

I understand that Client's medical record including therapy records, may be shared with other providers for treatment purposes. In accordance with HIPAA, however, Client's medical record will not be release to other third parties without written authorization of unless otherwise required or authorized by law.

Licensing Board

I understanding each provider is licensed by the appropriate Texas state licensing board, and that I can receive information regarding the provider's licensing board and contact information for that board upon request.

Trainee Involvement

I understand that my child may be seeing a licensed mental health professional and/or a psychology trainee for these services. Psychology trainees function under the supervision of a licensed mental health professional. Trainee will inform me that they are in training and will provide the name of the licensed professional supervising their work.

