

Kelly Tobey, M.S.W., L.C.S.W.

www.kellytobeylcsw.com

CONSENT FOR TREATMENT

I, _____, authorize and request that Mrs. Kelly Tobey, M.S.W., L.C.S.W., provide consultation, psychosocial assessment and/or treatment services. The frequency, purpose, and type of treatment will be explained and decided between Ms. Tobey, me, my managed care company (if applicable), and will be subject to my verbal agreement. I understand that sometimes managed care companies will only pay for brief treatment, which might not be sufficient to meet my needs and that my managed care company may determine not to pay for further services. In such a situation, I may have to decide whether to continue treatment and take responsibility for my own treatment costs.

I understand that there is an expectation that I will benefit from psychotherapy, but there is no guarantee that this will occur. I also understand that maximum benefit will occur with consistent attendance and that at times I may feel conflicted about my therapy, as the process can sometimes be uncomfortable.

All information disclosed within sessions is *confidential* and may not be revealed to anyone without written permission *except where disclosure is permitted or required by law*.

Disclosure may be required in the following circumstances:

1. When the client is suicidal.
2. When the client communicates a threat of bodily injury and/or violence to others.
3. When there is reasonable suspicion of child abuse or abuse to a dependent or elder adult.
4. When there is domestic violence.
5. When there is a subpoena or court order for Mrs. Tobey to release information or testify in court.
6. When the client is a minor, to his/her parent or legal guardian (*only if court ordered*).

I have read, understand, and have received a copy of this Consent for Treatment form.

Client Signature: _____ Date: _____

Parent/Spouse/Significant Other _____ Date: _____

Witness: _____ Date: _____

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