



## Informed Consent for Treatment

I hereby request and consent to psychotherapy and/or other behavioral health treatments and/or mental health evaluation recommended/provided by my Advanced Counseling, LLC provider. I understand other licensed professionals who may have different educational backgrounds and/or specialties in this practice may assist in providing my care.

I understand that my first few sessions will involve an evaluation of my needs. By the end of the evaluation, my mental health care provider will be able to offer me some first impressions of what work will be included and a treatment plan to follow if I decide to continue with treatment. I understand that I should evaluate this information along with my own opinions of whether I feel comfortable working with my provider. Because mental health treatment involves a large commitment of time, money, and energy, I should be very careful about the provider I select. If I have questions about suggested therapies, procedures, or medications, I will discuss them whenever they arise. I understand I can refuse specific suggestions or stop treatment at any time. If I request, the office or my provider will help set up a meeting with another mental health professional for a second opinion. I understand that psychotherapy is not easily described in general statements; it varies depending on the personalities involved, the issues I bring forward, and the goals I want to achieve. I realize there are many different methods my mental health care provider may use to deal with the issues that I hope to address. Psychotherapy calls for a very active effort on my part. For the therapy to be most successful, I will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since either often involves discussing unpleasant aspects of my life, I may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. The benefit of evaluation is it may lead to a correct diagnosis of my condition and help establish effective treatment. Psychotherapy has been shown to have many benefits: therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there is no guarantee of what I will experience.

If I need to contact my provider between sessions, my provider, who may not be immediately available, will discuss the best method of communication with me. I am aware I can call Advanced Counseling after hours at 763-486-2768 and someone will contact me during the next business day. In an emergency I can contact 911, the National Suicide Prevention Lifeline at 1-800-273-8255, or go to my nearest hospital emergency department. In addition, I can request a list of additional emergency resources.

I have read, or have had read to me, the above explanation of my rights. I state that I have been informed and weighted the risks involved, and I have decided that it is in my best interest to receive mental health treatment. My provider and I agree to initiate treatment and I hereby give my consent to that treatment. I intend for this consent to cover the entire course of treatment for my present condition(s) and for any future condition(s) for which I seek treatment at Advanced Counseling. I will continue to discuss treatment options with my provider and understand that I reserve the right, at any time, to consent to or refuse my providers' treatment recommendations.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_