

# A Family Works, Counseling PLLC

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Gilbert, AZ 85295

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## CONSENT TO TREATMENT

### GENERAL INFORMATION

The purpose of psychotherapy is to treat psychological and interpersonal issues. It is designed to increase insight and understanding, create healthier functioning, improve relationships and personal enjoyment, increase happiness and offer tools and motivations toward those purposes. Clients are encouraged to engage in this process by: being open and specific, discussing any concerns or questions, formulate goals and following through with tasks and assignments. This will make the process more productive for you. Sometimes this process brings up unpleasant memories and/or emotions. Your therapist will help you manage these items as you present them. Sometimes things may be difficult to describe, or uncomfortable to present, but most clients find that this openness is the beginning to achieving more happiness and fulfillment. You have the right to select your therapist. You have the right to discontinue treatment at any time, but we suggest that you discuss this with your therapist, and work together to clarify your options and help you make informed decisions about your treatment. You have the right to participate in all treatment decisions, to refuse the recommended treatment, to withdraw consent, and to be advised of the consequences of refusal or withdrawal. You will create a Treatment Plan with your therapist, aiding you in being clear about the choices you have, the treatment you will receive, the goals you would like to reach, and the steps which will be taken along the way. You have the right to review and revise your Treatment Plan.

You also have the right to be informed of all fees that you will be required to pay, as well as the collection policies and procedures utilized by A Family Works, Counseling PLLC (AFWC).

You have the right to humane care and protection from harm, abuse or neglect.

### CONFIDENTIALITY

You have the right to confidentiality. You must understand that laws exist. There are a limited number of circumstances which may require that some, or all, of your information may be shared with third parties:

- a third party payer (an insurance company, for example) will require some, or all, of your information in order to process claims. Your signature on this form gives your consent to release such information to the third party payer(s).
- if there is reasonable concern of physical or sexual abuse, including neglect, of minor children or the elderly.
- if there is reasonable concern that someone is a danger to themselves or to anyone else.
- if there is a subpoena or an order issued by a court of law.
- if a complaint is filed with a governing state or federal agency.
- if a legal or civil suit is filed against the therapist or AFWC.
- if you are a collateral to treatment.

Your treatment records will be maintained by AFWC, following all state and federal laws regarding Protected Health Information. You have the right to access of your treatment records by submitting this request in writing.

By signing this document I acknowledge that I have read and understand these policies.

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Client Name

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Legal Representative Name

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Signature of Client or Legal Representative

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Date