

General Consent to Treatment

Informed Consent

I understand I have the right to make an informed decision about treatment. The best care is provided by a team including the therapist and an Advanced Practice Nurse. I understand Mt. Hope therapists will usually consult with other skilled staff, as required by law, regarding the best treatment plan for my care.

My signature below indicates voluntary consent for the treatment plan for myself. This consent applies to all providers at Mt. Hope Counseling who may provide services and permits the sharing of information amongst Mt. Hope Counseling staff.

Consent to Treatment

1. Diagnostic or psychological tests may be administered to help understand the best way to treat the problems. From a diagnostic evaluation of the problem, appropriate recommendations will be provided.
2. The treatment plan includes the type of treatment along with the expected goals or benefits of the treatment.
3. The treatment plan includes the estimated frequency and duration of the treatment and any alternative treatments available.
4. I was informed about possible risks associated with treatment, if any, and possible risks from not receiving this care.
5. I was informed about the estimated cost of treatment & my ultimate responsibility for costs.
6. I was informed about the provider of treatment and his or her credentials.
7. I was informed about the procedures to follow in an emergency.

Emergency Care

In case of an emergency, I understand Mt. Hope Counseling reserves the right to administer medical treatment on the premises or to contact and advise emergency personnel on the premises or at an emergency room regarding my needs at that time.

Limits to Confidentiality

The information I give in therapy is generally confidential and will only be released outside of Mt. Hope Counseling with my written permission. However, I acknowledge these limits to confidentiality under New Jersey & Federal Statutes:

- a) The therapist may use information within Mt. Hope Counseling and with its business associates for treatment, payment, and other health care operations.
- b) The therapist is usually required to consult with clinical supervisors in order to provide a high quality of care, to answer certain subpoenas or court orders, to report threats of homicide or suicide, to report the suspicion of child abuse or child neglect, and may report elder abuse or abuse of a handicapped person or a crime which may occur in the future.
- c) The therapist may report physical assaults or crimes which occur on the clinic premises.

Limited Disclosures

All disclosures will be made to the appropriate parties as directed by law, such as authorities, parents of minors, or intended victims of violence. When the therapist must release information without your consent, the information revealed will be limited to what is necessary to protect you or to protect others, or the limited information necessary for collection of a past due bill, or the information ordered to be released to the court. When information is released with your consent, we will release the information you request us to disclose.

Signature

Date