



Consent To Treatment

I _____ understand that treatment with Caleb Brooks may involve discussing relationship, psychological, and/or emotional issues that may at times be distressing. However, I also understand that this process is intended to help me personally and with relationships. I am aware of alternative treatment options available to me.

I understand that what is discussed in therapy will remain confidential unless I give written permission to share information from my sessions by signing a release of information. However, the therapist may share information about or tapes of my therapy with the supervisor or treatment team in the interest of providing quality care. My therapist has also informed me that there are other possible exceptions to confidentiality, including but not limited to the following:

1. Disclosure or suspicion of child abuse
2. Disclosure or suspicion of elder or dependent abuse
3. Threats to harm oneself
4. Threats to harm others (including knowing risk of transmission of deadly diseases)
5. If a court issues a subpoena
6. If you are required to be in therapy or be evaluated by a court order
7. If you claim harm to your mental or emotional state in a legal proceeding

I have been informed of the cancellation policy, which states that I will pay half of the normal fee if I fail to show for the appointment or cancel a session with less than 24 hours notice.

In the event of an emergency, I have been instructed to call a crisis hotline (1-800-273-8255), call 911, or go to the nearest hospital emergency room.

Signed _____

Date _____

Signed _____

Date _____

Emergency Contact: Name _____ Phone _____
