



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.

Caleb Brooks has satisfactorily answered all of my questions about his status as a MFT-Intern and about treatment. If I have further questions, I understand that my therapist will either answer them or find answers for me. I understand that I may leave therapy at any time, although I have been informed that this is best accomplished in consultation with the therapist.

I understand that:

1. Caleb Brooks is a MFT-Intern conducting therapy under supervision of a Nevada licensed marriage and family therapist; Nancy Hunterton.
2. Request may be made by the therapist to video- or audio-tape sessions for observation by the therapist's supervisor team. I understand that I have the option to allow or not allow such taping. I understand that any such tapes agreed upon and made will be erased at the end of my treatment.

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



The fee for each session will be _____, and is to be paid at the time of the therapy session. 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. As a starting point for therapy Caleb and I have discussed meeting for _____ sessions and then reassessing progress.

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 _____