

INFORMED CONSENT

INTRODUCTION

Before completing the intake form, please carefully read the INFORMED CONSENT section below and sign. If you have a question or concern about this form, feel free to wait to complete until we've had an opportunity to discuss.

INFORMED CONSENT

1. All information collected will be kept confidential and stored in a secure location.
2. Records are kept to ensure quality of services, facilitate services later or by another professional (at your request), and ensure accuracy for billing and payments and compliance with the law.
3. Records include dates of sessions, fees and payments, clinical information, records gathered from other providers and notes to describe and justify treatment.
4. You "own" the contents of the records and have the right to see the records if you want.
5. There are four limits to confidentiality concerning harm to self or others:
 - a. Reasonable suspicion of child abuse,
 - b. Reasonable suspicion of elder abuse,
 - c. Reasonable suspicion that you may present a danger of violence to others,
 - d. Reasonable suspicion that you are likely to harm yourself unless preventative measures are taken.

Your signature below indicates that you have had the opportunity to ask for clarification about any of the points listed above, that you agree to these parameters, and that you are choosing willfully to begin a formal counseling relationship with Dr. Paul Day.

Print Name

Signature Date