

**FAMILY GUIDANCE CENTER OF WARREN COUNTY
CONSENT FOR TREATMENT**

This Consent for Treatment form requires your signature to allow Family Guidance Center to provide services to you.

Goals and Risks of Mental Health and Substance Abuse Therapy:

While no therapy can guarantee a successful outcome, therapy has proven to be helpful in many cases. Therapy has both benefits and risks. The risks sometimes include experiencing uncomfortable feelings like sadness, guilt, anxiety, anger, and frustration. Therapy often requires recalling unpleasant aspects of your history. However, therapy can result in significant reduction of feelings of distress as well as improved relationships and specific problem resolution. Your treatment may contain any or all of the following modalities: individual, family, couple, and group therapy, psychiatric evaluation, medication monitoring, crisis intervention, and screening. These services shall be rendered by qualified professionals who will include licensed psychiatrists, licensed clinical social workers, licensed social workers, certified drug and alcohol counselors, and others under their supervision. The length of time for treatment can vary widely depending on the issues being treated. This therapeutic partnership between the treatment team and the client should allow for the free expression of client thoughts and feelings. If you are dissatisfied with the treatment you are receiving, you may request a change of therapist or lodge a complaint using the process outlined in the Client Rights and Responsibilities form.

Emergencies:

You may call the Center during business hours and on most evenings if you need to speak to your therapist. If the therapist is not immediately available, your call will be returned as soon as possible. Should the situation need immediate attention, please notify the receptionist. In the event of an emergency after normal business hours, you may call the Center's 24-hour Crisis Intervention Hotline at 908-454-5141.

Client Consent for Treatment:

I have received the following documents: {Client, please initial}
_____ Agreement for Service/Consent for Treatment form
_____ Client Rights and Responsibilities (including complaint procedure) form
_____ Notice of Privacy Practices (confidentiality)

A. I consent to receive mental health/substance abuse treatment services at the Family Guidance Center.

OR

B. I give permission for my son/daughter _____ to receive mental health/substance abuse treatment services at the Family Guidance center.

Signature of client (age 14 or over) or personal representative

Date

Printed name of personal representative/relationship to client

Signature of parent/guardian

Date NPP given to client/representative: _____

For Office Use Only: _____ _____ _____ _____
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