THE FAMILY CENTER
INFORMED CONSENT FOR TREATMENT

Please read, sign, and give to your therapist at your first appointment. Thank you.

Permission to Evaluate and Treat: Understand Policies and Procedures

I have requested that Dr. Gail Walter or other designated representative of The Family Center provide psychological services to me or to my minor child. I have read and understand the Policies and Procedures of The Family Center.

Confidentiality

I further understand the Maryland law pertaining to confidentiality of all psychological records and communications. Specifically, I understand that discussions between a therapist and a client are confidential. No information will be released without the client's written consent except in the specific circumstances mandated by law: (1) disclosure of harm or intent to harm another; (2) disclosure of intent to harm oneself; (3) situations in which a judge issues a court order for the release of records. I also understand that I am releasing and holding harmless my therapist to share that specific information mandated by law or as required by an insurance company if I should seek reimbursement. [*If you have questions regarding the limits of confidentiality, please bring them to the attention of your therapist.*]

Please indicate which methods you **authorize for contact** from The Family Center:
☐Home Phone ☐Work Phone ☐Cell Phone ☐Email

Payment of Fees

Additionally, I understand and agree to the policy on payment of fees for professional services rendered by designated representatives of The Family Center.

Summary

Finally, I understand that by signing this document, I am giving my therapist permission to evaluate and treat my presenting concerns, and to follow the applicable laws governing confidentiality. I also agree to assume responsibility for payment of professional services incurred on my behalf.

____ ____________________
Signature of Client or Parent/Guardian of Minor Child Date

____ ____________________
Client Name Client Date of Birth

Emergency Contacts: Telephone Numbers:
1.___________________________________ _________________________

2.___________________________________ _________________________

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