

William K. Galer, LMFT
Psychotherapy and Evaluation Services

Voluntary Informed Consent for Services

Consent for Evaluation and/or Treatment: I, _____ understand that I may have a mental health and/or a substance use disorder. I agree that I am voluntarily seeking treatment without force, fraud, deceit, duress, or other form of constrain or coercion. I am a competent adult without limitations, which would prevent me from making sound decisions concerning my treatment. I do not currently have, or plan to have while participating in treatment, a power of attorney, guardian advocate, or health care surrogate making health care decisions for me. I voluntarily consent that I will participate in a mental health evaluation and/or substance abuse evaluation and treatment by William K. Galer, LMFT. I understand that following the evaluation and treatment, complete accurate information will be provided to me on my individual needs. The evaluation and treatment will be conducted by a licensed therapist.

Benefits to Evaluation and Treatment: Evaluation and treatment may be administered with interviews, testing, individual, couples and family therapy, as well as expectations regarding the length or frequency of treatment. It may be beneficial to me, as well as the referring professional, to understand the nature and cause of any difficulties affecting my daily functioning, so that appropriate recommendations and treatment may be offered. Uses of evaluation include diagnosis, individual recovery status and recommendation for treatment, estimating prognosis, and education and rehabilitation planning. Possible benefits to treatment include improved cognitive or academic/job performance, health status, quality of life, and awareness of strengths and limitations.

Charges: Fees are based on the length or type of the evaluation and treatment, which are determined by the nature of the service. I am responsible for paying fees for services.

Confidentiality, Harm, and Inquiry: Information from my evaluation and/or treatment is contained in a confidential record and I consent to disclosure for use by William K. Galer, LMFT for purpose of continuity of care. Information provided will be kept confidential with the following exceptions: If I am deemed to present a danger to myself or others, if concerns about possible abuse or neglect arise, if a court order is issued to obtain records, if I provide written consent, or any other reason provided in the Notice of Privacy Policy that I have been provided with.

Cooperation with Treatment: I understand that William K. Galer, LMFT may terminate my status immediately and with reasonable notice if he determines that I meet criteria for Involuntary Placement, if I have failed to cooperate with psychotherapy services in its effort to treat me, if am unable to meet the required financial obligations to participate in therapy, or for good cause.

Responsibility: William K. Galer, LMFT has no responsibility for personal injury (mental or physical), which I may acquire by my participation in treatment related activities. I agree to assume responsibility to the full extent of the law. Should any property damage occur due to my actions while a client of William K. Galer, LMFT, I agree to pay for said damages.

No Warranty: I understand that William K. Galer, LMFT does not warranty or guarantee to bring about a cure or rehabilitation of any client, but only provides each client such treatment as is given to other clients under similar circumstances.

Termination of Consent: I have the right to withdraw my consent for evaluation and treatment at any time by providing a written request William K. Galer, LMFT. This consent to treat will expire 12 months from the date of signature, unless otherwise specified.

I have received, read, and understand the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment. I also agree to the listed conditions for treatment. For Couples, please have both partners sign this consent form.

Client's Name (Print)

Client's Signature

Date

Client's Name (Print)

Client's Signature

Date

Witness Name (Print)

Witness Name (Signature)

Date