FAMILY COUNSELING CENTER -- PALM HARBOR & ST PETERSBURG

Diane HM Mandell MSSA, LISW, LCSW and Associates

Consent to Treatment

Informed consent: We ask that all clients sign the following general consent to treatment. You may at any time decline specific recommendations, with the understanding that you are responsible for your care as a client of the Family Counseling Center. You also have the right to know about the limits to confidentiality.

The code of ethics for the American Psychological Association (APA), the state of Florida counselor, social worker, and marriage and family therapy board, and the health insurance portability and accountability act of 1996 (HIPPA), ensure that your records and conversations at the Family Counseling Center are to remain confidential and private, and not be discussed with anyone without your expressed written consent. However, there are certain limits and exceptions to your rights to confidentiality that we are required to uphold by the same codes of ethics, and state and federal laws. They are as follows:

1. The child and elder abuse reporting laws of the state of Florida require that any suspected abuse or neglect of any minor child under the age of 18, or any elder over the age of 60, be reported to the appropriate authorities, i.e. local police, department of children & family services. Child abuse/neglect may include, but is not limited to, inappropriate forms of punishment, physical and/or emotional neglect, abandonment, or sexual molestation. This also applies to the elderly.
2. Recent court decisions have mandated exceptions to the right to confidentiality when a client poses the imminent risk of harm to self or others. At any time during your treatment at the Family Counseling Center you threaten to harm yourself or others (suicide, homicide, or other acts of violence), we are required by law to notify the proper authorities and the intended victim(s). If at any time you disclose the intention to commit any felony, we will be required to notify the appropriate authorities.
3. If it is deemed in the best interest of your treatment, your treatment provider(s) here at the Family Counseling Center reserve the right to consult with other qualified professionals about you, but only as it relates to your care.
4. If you ask us to bill your insurance company to pay for your services, you are giving your insurance company the right to inquire about you and your treatment. Some insurance companies require specific information in order to process your claims, and your treatment provider(s) will be required to respond in order for you to maintain your benefits.

I give my consent for services to be provided by:_____, at the Family Counseling Center, and associated professional staff to include evaluation, psychotherapy, testing (if indicated), psychiatry (if indicated), and be involved in the treatment planning process.

_____	_____
Client Signature Date	Client Signature Date
_____	_____
Parent/Guardian (if client is a minor) Date	Family Counseling Center Staff Date

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