

Client's Informed Consent

- *I have chosen to receive therapy services for myself and/or my child through Richard Hamon, a Licensed Marriage and Family Therapist in the State of Kentucky.*
- *I understand that therapy is a cooperative undertaking between my family and the therapist; and I will work with my therapist in a cooperative manner to resolve my issues.*
- *I understand that in therapy some issues may surface that may result in me experiencing some discomfort.*
- *I understand that confidentiality of records or information collected about me will be held or released only in accordance with state laws regarding confidentiality of such records and information.*
- *I understand that state and local laws require my therapist to report all cases in which there exists a danger to self or others.*
- *I understand that state and local laws require that my therapist report all cases of abuse or neglect of minors or the elderly.*
- *I understand that there may be other circumstances in which the law requires my therapist to disclose confidential information.*
- *I have read the basic rights of individuals, couples, and families who undergo counseling with Richard Hamon. These rights are:*
 - *The right to be informed of the various steps and activities involved in receiving services.*
 - *The right to confidentiality under federal and state laws relating to the receipt of services.*

- *The right to respectful and ethical care and protection from harm, abuse or neglect.*
- *The right to make an informed decision whether or not to accept counseling.*
- *I understand that disclosures may be needed for claims processing, case management, coordination of care, or utilization processes.*
- *I understand that I can revoke this consent at any time.*
- *I understand that in custody or divorce litigations the therapist role is not to make recommendations for the court concerning custody or parenting issues nor to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness.*

Signature: _____ Date: _____

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