



Consent to Treatment and Recipient's Rights

I, _____ the undersigned, hereby attest that I have Voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship mentioned above, at _____, hereby referred to as EMDR & Psychotherapy of Maryland, LLC. The rights, risks, and benefits associated with the treatment have been explained to me. I understand that the therapy may be discontinued at any time by either party.

Non-voluntarily Discharge from Treatment

A client may be terminated from the Practice nonvoluntarily if:

- A. the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts, and/or
- B. the client refuses to comply with stipulated program rules, refuses to comply with treatment recommendations, or does not make payment in a timely manner.

The client will be notified of the non-voluntary discharge by letter.

Client Notice of Confidentiality

Violation of federal and/or state law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or state law and regulations do not protect any information about a crime committed by a patient either at the Practice, against any person who works for the program, or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under federal and/or state law to appropriate state or local authorities. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is the Practice's duty to warn any potential victim when a significant threat of harm has been made. In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records. Professional misconduct by a health care professional must be reported by other health care professionals, in which related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of nonemancipated minor clients have the right to access the client's records. When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about the client, not clinical information. My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original. Client data of clinical outcomes may be used for program evaluation purposes, but individual results will not be disclosed to outside sources.

Acknowledgement

I CONSENT TO TREATMENT AND AGREE TO ABIDE BY THE ABOVE-STATED POLICIES AND AGREEMENTS WITH EMDR, BRAINSPOTTING, CRM AND PSYCHOTHERAPY OF GREATER WASHINGTON.

Client Signature (or Legal Guardian if client is under 18 years of age)

Printed Name

Date

(Revised 10/2013)