

CLIENT CONSENT TO TREATMENT

All clients are required to give their consent to counseling prior to receiving services. Clients are expected to attend appointments regularly, to notify counselors prior to cancellations, and to participate as an equal partner in the counseling process.

Risks and Benefits to Counseling

Counseling is designed to assist you in resolving problems and coping more effectively in your life. We try to limit the risks of treatment. It is possible, however, that you will experience some initial increase in stress and discomfort, particularly during the early stages of counseling. On the positive side, treatment is often effective in helping people solve problems leading to a significant reduction of distress and anxiety, to have healthier relationships, and an increase in authentic living. There are also risks of not getting treatment: the problems may get worse. All clients are free to accept or refuse any treatment. Alternatives to counseling with me include choosing to be referred to another provider or choosing no treatment.

An important factor in the success of counseling is good communication between counselor and client. If at any time during our time together you have questions about whether or not the treatment is effective, have feelings about something I have said or suggested, or need clarification of the goals, please bring this up to me in our session.

CONFIDENTIALITY: Your Privacy and Its Limits

Counselors have a legal and ethical obligation to keep your information private. I will not share anything about you with anyone unless you give written permission, or unless one of the following exceptions to confidentiality occurs:

- **Consultation** with colleagues: I may talk about your case to get advice about how to better support you. Colleagues are held to the same confidentiality rules as I am.
- **Emergencies:** I may share information about you with other professionals or agencies in a medical or mental health emergency or for follow up after an emergency.
- **Future Harm:** If I learn that you or someone else might be seriously harmed in the immediate future (including suicide), I will attempt to stop this. I will try to keep you and others safe by talking to anyone who might get hurt, anyone who might help, and/or by calling 911.
- **Child Abuse (including witnessing domestic violence), Elder Abuse, or Abuse of Persons with a Mental Illness or Disability:** Under Oregon's mandatory reporting law, I will report any known or suspected abuse or neglect to the appropriate authorities.
- **Committing a Crime:** Information you give me regarding the act of committing a crime may need to be reported to the appropriate authorities. I will tell the police and courts about any crime or threat of a crime by a client, against any staff or against the property.
- **Subpoena or Court Order:** If I am ordered to go to court, I may have to give information about you without your permission.
- **Access to Records by Non-Custodial Parents:** If your child is in treatment, both parents have rights in regards to your child's information and can talk to me. Only a court order can limit this right of the non-custodial parent.
- **Counselor Defense:** I will disclose any information deemed necessary in response to any legal claims brought against me by a client.

Francesca Dodson, LPC
(503) 502-0623

10175 SW Barbur Blvd, Ste 204B
Portland, OR 97219

Legal Involvement and Proceedings

If you are involved in or anticipate being involved in legal or court proceedings, please let me know as soon as possible, so I can understand if and how this may affect our work together. I do not provide services for an evaluation regarding a legal proceeding. I will also not be a party to any legal proceedings against current or former clients. By entering a counseling relationship with me, you are agreeing not to involve me in legal or court proceedings or seek counseling records for legal or court proceedings, especially when marital or family counseling has not been successful in resolving disputes. This prevents misuse of your counseling for legal objectives.

By signing below, I agree that:

- **I have read this document, and understand the information in it.**
- **I have had all my questions regarding this document answered to my satisfaction.**
- **I freely give my consent to counseling with Francesca Dodson, LPC.**

Francesca Dodson, LPC

Date

Client's Signature

Date

Client's Printed Name

Client's Parent or Guardian

Date

Printed Name

Relationship