



CLIENT'S INFORMED CONSENT

I have chosen to receive psychological treatment from the Institute for Personal Growth and (therapist name)_____ for myself and/or my minor child. My choice has been voluntary and I understand that I may terminate therapy at any time.

Because psychotherapy is a joint effort between my therapist and myself, I will work with my therapist in a cooperative manner to resolve my difficulties. I understand there is no assurance that I will feel better.

I understand that during the course of my treatment, material may be discussed which will be upsetting in nature and this may be necessary to help me resolve my problems.

I understand that confidentiality of records of information collected about me will be held or released in accordance with state and/or federal laws regarding confidentiality of such records and information.

I understand that state laws require that my therapist report all cases of abuse or neglect of minors or of the elderly.

I understand that state laws require that my therapist take mandated steps where there exists a danger to myself or others.

I understand that there may be other circumstances in which the law requires my therapist to disclose confidential information and I will be informed of such circumstances prior to the disclosure.

I give permission to my therapist to disclose information and records necessary for continuation of treatment and processing of medical claims under current limits of state and federal law. I give permission for my therapist to file insurance forms on my behalf if requested, including electronic forms.

I understand that over the course of my treatment electronic communications may occur between myself and my IPG therapist and/or IPG's office staff, in the form of emails and/or or text messages, and that these communications may contain sensitive information about my healthcare. I understand that electronic communication, though encrypted for security, is not 100% secure.

Institute for Personal Growth: Informed Consent

I understand that the Institute for Personal Growth is a group practice and that my therapist will participate in group and individual supervision where my case may be discussed with other therapists.

If, during my treatment at IPG, I transfer to a different therapist, or if I terminate treatment and return to IPG at a later time to see a different therapist, I give permission for my file, including clinical information, to be given to the new therapist.

I understand that I can revoke my consent at any time except to the extent that treatment has already been rendered or that action has been taken in reliance on this consent, and that if I do not revoke this consent, it will expire automatically one (1) year after all claims for treatment have been paid or treatment has been terminated, whichever is latest.

My signature attests that I have read the Informed Consent form and understood this information. I have received the attached forms.

Name of Client

Date

Signature of Client (if 14 yrs. or older)

Date

Parent/Guardian Name (if client is < 18)

Date

Signature of Parent/Guardian (if client is < 18)

Date