

NOLA Art Therapy and Counseling, LLC

▪ 1000 Veterans Memorial Blvd, Suite 310, Metairie, LA 70005 ▪ phone: 504-220-1483 ▪ fax: 888-248-7189
▪elizabeth@nolaarttherapy.com▪

Client Name: _____

ADMISSION AGREEMENT

CONSENT TO TREATMENT

I acknowledge that I have received a satisfactory explanation and understand the information about my therapy including problems, goals, and methods of treatment. I do hereby consent to take part in treatment with the above therapist. I understand that assessment, development of a treatment plan with this therapist, and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process. No guarantees have been made to me about the outcomes of this care. How long therapy lasts tends to vary depending on the issues and goals each client has. I understand that my therapist will recommend a number of sessions. I acknowledge that I have the right to stop treatment at any time.

CONFIDENTIALITY

Clients are entrusted to the care of the staff and are given the assurance that all information is held in strict confidence. Any information about a patient's condition, care or treatment must not be discussed with anyone, either at or away from the office, except with the patient's written consent. What we discuss in treatment is confidential.

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental health professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

If, in the professional judgment of the mental health provider, information contained in the record would be harmful to the client, that information may be withheld from him/her and/or the legal guardian/ caretaker except under court order.

If records are requested, clients or legal guardians/ caretakers shall contact the office to set an appointment to review the records. Original records cannot be removed from the office. Copies can be made if necessary. There is a maximum of 10 copies at no charge. There will be a charge of 25 cents for each copy over 10.

I understand and agree to the limits of confidentiality and understand their meanings and ramifications.

Client/Guardian Signature: _____ Date: _____

Additional Guardian Signature (if applicable) _____ Date: _____

*Please have all legal guardians sign this consent to treatment form.