



## CONSENT FOR SERVICES

**You can expect *Lorven Child and Family Development*** to provide professional services delivered in a respectful manner. Our goal is to ensure you receive client-centered treatment that encourages your participation.

- I hereby give my consent for treatment and/or services to be provided by *Lorven Child and Family Development*.
- I understand that I may refuse services at any time and that I can refuse a therapeutic modality without the threat of termination or discharge. If *Lorven Child and Family Development* does not offer an alternative therapeutic approach that is right for you, we will assist with referrals and/or recommendations that can best meet your needs.
- I acknowledge that confidentiality has been verbally explained, as well as limits to confidentiality as described in Client Rights; I understand that the provision of services is not contingent upon such consent and of the need for such release. I understand that confidential information may not be disclosed without written consent when federal statutes prohibit that release.
- I understand that participation in treatment is necessary in order to achieve goals. Therefore, if I miss two scheduled appointments without giving 24 hours' notice, *Lorven Child and Family Development* may refer me to another agency.
- I understand that Lorven Child and Family Development is a mental health counseling practice and does not provide evaluations for custody, ADHD, Autism Spectrum Disorder, processing disorders, or learning disabilities.
- We understand that parents may seek treatment for their child(ren) who are experiencing problems with separation and divorce. *Lorven Child and Family Development* does not offer counseling to any child or family until a permanent custody order is in place. Please be aware that the focus of treatment at *Lorven Child and Family Development* will be to assist your child(ren), as well as yourself, to deal with issues **after** custody has been determined. When a therapist is required to testify in Court regarding treatment, it no longer protects client/therapist confidentiality and diminishes the foundation of trust that is critical to the treatment process. **Please be aware that if the therapist is subpoenaed to Court, we have a \$500 retainer fee and bill at a rate of \$150 per hour for each hour spent in preparation, Court appearance, travel time and/or testimony.**

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Signature of Client, Parent or Guardian

Date

Client:

Record No.:

Date of Birth: