

Behavioral Health Services of the Hudson Valley

633 Gidney Ave. Suite 6, Newburgh, NY 12550 Phone: 845.569.2900 Fax: 866.619.5710 Web: BSHSV.com

Informed Consent for Treatment

I give consent for evaluation and treatment to be provided for myself/my child by

(Provider Name)

I am aware that the practice of psychotherapy is not an exact science and that results cannot be guaranteed. No promises have been made to me about the results of treatment.

The risks, benefits, side effects, and alternatives of treatment as well as the consequences of non-compliance with treatment have been discussed with me and I have had the opportunity to ask questions.

I understand that I need to provide accurate information about myself to my clinician so that I will receive effective treatment. I also agree to play an active role in my treatment process.

In order to occasionally provide/exchange psycho-educational materials or communicate with patients during non-emergency times, email or text messaging is sometimes employed for a patient's convenience. However, this method of communication should never be used for any clinical concern you have about yourself or your child (emotional, behavioral, psychiatric or otherwise). Any/all clinical questions or concerns should always be directed to 845-569-2900.

Friend requests from current or former clients on social networking sites, such as Facebook, are not permitted. Communicating via such sites can compromise privacy and confidentiality as well as the neutrality and professional nature of the therapeutic relationship. For this reason, I agree that I will not communicate with my clinician via any interactive or social networking web sites.

For any psychiatric or life-threatening emergencies you should call 911 or go to your nearest emergency room.

Session length is 45 minutes unless other arrangements have been made or when specialized therapies are being employed. I understand that I may terminate treatment at any time.

My signature below shows that I understand and agree with all of the above statements. I have had the opportunity to ask questions about the treatment process. If the patient is a minor or has a legal guardian appointed by the court, the parent or legal guardian must sign this consent.

Signature of Patient or Parent/Guardian

Date

Printed Name

Relationship to Patient (if applicable)

Witness Signature

Date