



## INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

TEAM (if applicable) \_\_\_\_\_

UFID (if applicable) \_\_\_\_\_

I understand that as a client of Kathleen Joseph & Associates, LLC, I am eligible to receive a range of services, including crisis intervention and counseling services. The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me. Typically, treatment is provided over the course of several weeks and may last several months.

I understand that all information shared with Kathleen Joseph & Associates, LLC and its staff is confidential and no information will be released without my consent. I also understand that if I wish to release any information about the nature and course of my treatment, including sessions attended and missed, I must complete the AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION form (separate from this document). I understand that consent to release information is given through written authorization only. Verbal consent for limited release of information may be necessary in special circumstances such as instances following a crisis intervention session with Kathleen Joseph & Associates, LLC and its staff where information can be provided to parties identified by the client (you) so that appropriate interested parties (e.g. your parent/guardian, coach, trainer, or other athletic staff) may be informed as to the nature of the client's wellbeing. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is risk of imminent danger to myself or to another person, Kathleen Joseph & Associates, LLC and its staff is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, Kathleen Joseph & Associates, LLC and its staff is legally required to take steps to protect the child, and to inform the proper authorities.
- C. When a valid court order is issued for medical records, Kathleen Joseph & Associates, LLC and its staff are bound by law to comply with such requests.



KATHLEEN JOSEPH  
& ASSOCIATES LLC.

I understand that while psychotherapy may provide significant benefits, it may also pose risks. Psychotherapy may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. The initiation of psychotherapy is, in no way, a guarantee of psychological wellness. Instead, it is intentional decision to explore those concerns that may provide impairment to psychological wellbeing.

If I have any questions regarding this consent form or about the services offered, I may discuss them with the clinician listed below at any time. I have read and understand the above. I consent to participate in the evaluation and treatment offered to me by Kathleen Joseph & Associates, LLC and its staff. I understand that I may stop treatment at any time.

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CLIENT NAME (PRINTED)

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CLIENT NAME (SIGNED)

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TODAY'S DATE