



**CONSENT FOR TREATMENT
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

COUNSELING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. Through the course of (your) counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

CONFIDENTIALITY:

All interactions with Pathway to Wellness Community Clinic (PTWCC) including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your counseling to persons you designate.

EXCEPTIONS TO CONFIDENTIALITY:

- The counseling staff works as a team. Your therapist may consult with other counseling PTWCC staff to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- Wisconsin state law requires that staff of PTWCC who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must report this information to county child protection services.
- A court order, issued by a judge, may require the Pathway to Wellness Community Clinic staff to release information contained in records and/or require a therapist to testify in a court hearing.

We appreciate prompt arrival for appointments. Please notify us at 608-643-3663 if you will be late, 24-hour notice of cancellation allows us to use the time for others and avoids you being charged a late cancellation or no show fee. NOTE: Services will automatically be terminated after 90 days of no contact with client.

I have read and discussed the above information with my therapist and offered a copy of PTWCC's Notice of Privacy Practices. I understand the risks and benefits of counseling, the nature, and limits of confidentiality, and what is expected of me as a client of the Pathway to Wellness Community Clinic SC. Signature is required on your initial intake packet, however, is also required in July on a yearly basis.

*The Notice of Privacy Practices is posted in the Clinic waiting room, on our website, and by request, a paper copy.

Print Client Name: _____ Date: _____

Signature of client or parent/guardian: _____

If signed by other than client, indicate relationship: _____