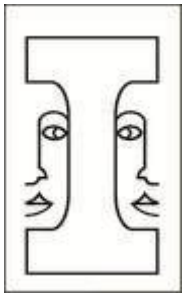

Insight Psychological Services, LLC

Informed Consent for Treatment

Client Name: _____ Date of Birth: _____

I am a client of Insight Psychological Services, LLC. I have the right to be informed of and participate in the selection of the treatment of services, which will be provided by my therapist. All of the services provided are voluntary and I have the right to terminate therapy at any time.

Information shared with the clinicians at Insight Psychological Services, LLC is confidential and will not be released without my consent. I understand that there are specific exceptions to this confidentiality which include the following:

A. When the clinician has reason to believe that there is an imminent risk of my causing serious harm to myself or to another person, the clinician is bound to notify the appropriate authorities.
B. If a clinician has knowledge that a child or elder is being sexually or physically abused or neglected, the clinician is required to report to authorities.
C. When a court order is issued for medical records, the clinician and agency are bound by law to comply with such request.

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.

I understand that Insight Psychological Services, LLC is a limited practice and does not have a 24-hour emergency or "on-call" coverage. I understand that if I experience a psychiatric emergency, I should call 911 or go to the hospital emergency room rather than wait for my therapist to call me back.

I understand that my therapist will keep brief records of each session.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. It also serves as acknowledgement that you have received a Notice of Privacy Practices.

_____ _____

Name of Client Date of Birth

_____ _____

Signature of Client, Parent/Guardian Date