

Pfeiffer Institute *Reach*
Informed Consent for Therapy Services

Consent to treatment

I voluntarily consent to receive therapy services and/or to have my child receive services provided at Pfeiffer Institute *Reach*. I understand that services will be provided by marriage and family therapists in training under the supervision of program or clinical faculty and staff. I further understand that Pfeiffer University is a teaching program.

I understand that if I miss, reschedule, or cancel appointments to the point of not being seen for 60 days or longer, my case will be considered inactive and will be terminated. I understand that I may resume therapy by calling Pfeiffer Institute *Reach*.

I understand the purpose and potential benefit of questionnaires, recording, live observation, and supervision of my therapy services, and I voluntarily consent and agree to their use. I understand that Pfeiffer Institute *Reach* will retain the ownership rights to these digital recordings, which will be used for educational and supervision purposes only. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period outlined in the Pfeiffer Institute *Reach* policy. Images that identify me will be released and/or used outside the institution only upon written authorization from me or my legal representative.

I understand that this consent to services will be valid and remain in effect as long as I attend Pfeiffer Institute *Reach* unless revoked by me in writing, with written notice provided to Pfeiffer Institute *Reach*.

I understand that Pfeiffer Institute *Reach* may not be used to formally document grievances against Pfeiffer University campus personnel; neither will Pfeiffer Institute *Reach* be used as a vehicle to substantiate client testimony in a court of law. No clinical student intern is qualified to testify in a court of law – it is beyond their scope of training. In addition, I agree not to ask the student intern to testify in court, nor will I obtain a subpoena because I understand that by doing so it may harm our professional and therapeutic relationship.

I understand that all communications with Pfeiffer Institute *Reach* are confidential and that no information about my sessions will be released without my written authorization and the written authorization of each member in the client system.

I understand that the therapist intern may work with multiple members of my family (e.g., partner, children). In relational cases, the intern may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit – that is, the family or the couple, to effectively serve the unit being treated. This “no secrets” policy is intended to allow the intern to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated.

I certify that the handbook, including statements on the limits of confidentiality, has been fully explained to me, that I have read it or had it read to me*, and that I understand its contents. I understand that there are certain occasions when federal and/or North Carolina law or ethical considerations allow or require the disclosure of confidential information to others. Such considerations for disclosure are:

1. North Carolina law and ethical practice requires clinic personnel or Pfeiffer Institute *Reach* personnel to notify appropriate state agencies if we suspect or know of a child abuse situation or have cause to believe that an elderly or disabled person is being abused.
2. Pfeiffer Institute *Reach* may be called upon to give case information when a court of law orders the release of information.
3. If there is a threat to harm myself or another person and the threat is determined to be serious, the therapist may take whatever actions are necessary to protect the person at risk, even if it involves disclosing confidential information. If the therapist assesses that the client has made a serious threat, the therapist may disclose information to law enforcement and/or the intended target of the threat.

4. If I become a civil litigant and use my mental health for a legal claim or defense, the content of my communication may not be protected under these conditions.
5. If I am involved in a serious medical emergency while on the premises of Pfeiffer Institute *Reach*, appropriate information may be given to medical personnel.

I understand that if I make an allegation against the student intern/Pfeiffer Institute, the Pfeiffer Institute has the right to disclose my records in their own defense to the appropriate legal and ethical boards involved.

I understand that I certify that I have legal authority to give consent for the treatment of all minor children that are included in therapy.

I understand that upon graduation and passage of the national licensure exam, students are provisionally licensed (for details, see www.nclmft.org). I understand that if I choose to continue therapy with this therapist intern after his/her graduation, s/he will no longer be under the supervision or responsibility of Pfeiffer Institute *Reach*.

If I have any questions or concerns now or in the future, I understand that I should consult with my therapist or the Clinic Director. I know that I can receive a copy of the AAMFT Code of Ethics upon request.

I have asked my therapist for any needed clarification of the procedures and conditions mentioned in this consent statement. I am satisfied with the explanations, and agree to abide by the conditions in this consent form.

I have read or have had this form read* to me and I **AGREE** to receive therapy services.

I have read or have had this form read* to me and I **DECLINE** to receive therapy services.

Also, my signature on this form confirms that I have read, understood, and agree to the policies listed in the Notice of Privacy Practices.

Date

Print Client Name/Legally Authorized Person

Signature

Relationship to Client

Print Client Name/Legally Authorized Person

Signature

Relationship to Client

Print Client Name/Legally Authorized Person

Signature

Relationship to Client

Print Witness/Interpreter* Name

Signature