



Norma J. Vaillette LMHC *Catalyst Counseling LLC*
 308 E. Lemon St. Ste 105 Lakeland, FL 33801
 863-284-0817 fax: 863-284-0608

Consent for Treatment

(please print)

I _____ as client or responsible party for _____
 acknowledge that I am requesting treatment by Norma Vaillette LMHC and I verify that my consent is voluntary. My
 consent includes routine diagnostic and treatment procedures.

Statement of Confidentiality

The purpose of mental health/behavioral health treatment is for the betterment of your quality of life and relationships. The policy here is to maintain strict confidentiality. You name, diagnoses, and other personal business will not be discussed without appropriate permission from you. You are asked to do the same especially if you attend a group or workshop session. What is said in treatment may be discussed as you wish if it was your private session. In group settings or the reception area, do not discuss identities, issues, or things stated in regards to another person’s personal business or treatment issues.

Please note:

- Your issues and concerns will not be discussed outside of this office without written release form. If the therapist needs to talk about an issue, no identifying information may be used, and she must consult with others who are similarly obligated to maintain your privacy.
- Information relating to diagnosis and treatment will be released to the appropriate agency or persons which you indicate in writing on a release form. You may inspect or review any information released, but it will remain part of your treatment record. Information will be released from this practitioner to the agency or person directly.
- Any inquiries about you or your treatment in office, through telephone, email or in social situations will be responded to with “I cannot discuss that topic.” If you see the therapist in social situations, you may say hello, but treatment issues will be diverted due to the lack of privacy. The therapist will not greet you in a group setting to avoid putting you in a position of explaining how you know her.
- 24 hour coverage is not available from a one-person office, therefore afterhours answering service or crisis line use or suggestion will include every endeavor to use those which are HIPPA compliant. The therapist is not to be held liable for these outside services.
- Your therapist is a mandatory reporter which means that pertinent information must be disclosed if there is a possibility of an issue of neglect or abuse. The goal of this assignment for mandatory reporting is to interrupt situations in order for safety to be established or re-established. The therapist must also report if there is a belief that the client may harm another person or himself/herself. The therapist must report if the client is in fear of being harmed by someone else.

I verify that I have read and understood these statements. I give consent for treatment.

 Client Signature

Witness: _____

 Guardian Signature

 Date

Copy provided for client and treatment file _____ (Therapist Initials)