Acknowledgement of Receipt and Understanding of Policies/Procedures
Wyandot Counseling Associates

I acknowledge that I have read and understood the following policies and procedures of Wyandot Counseling Associates:

Client Rights and Responsibilities (Handout given) ______________ (Initials)

Health Information and Privacy Practices (Posted in office) ____________(Initials)

Consent to Treat and Notice of Terms of Confidentiality (See below) _____________(Initials)

I, __________________________________, (and/or I agree for my child) to be seen for mental health treatment at Wyandot Counseling Associates. I understand that I will take part in the planning of my treatment and my goals, and I understand that I have the right to choose to stop treatment at any time.

It has been explained to me that no information about my treatment will be released to others without my informed written consent, except under these conditions: when it is believed that disclosure is necessary to protect against a clear and substantial risk of imminent, serious harm inflicted by me or another person. This includes suspected suicidal or homicidal plans, child abuse, elder abuse, domestic violence, or any threat to national security.

I understand that my assigned counselor or therapist will work on the nature of the problems presented within his or her areas of training and competency.

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Signature of Client/Parent/Guardian Date