

CONSENT FOR TREATMENT

KELLY MCDANIEL, LPC, NCC, CSAT



This is to certify that I (we) give permission to Kelly McDaniel LPC to provide psychotherapy.

CONFIDENTIALITY:

Under most circumstances, all communication between the client and the therapist is confidential, unless permission is given by the client to convey information to a third party. There are certain exceptions to this:

- 1) Texas state law mandates the reporting of actual or suspected child abuse, elder abuse or dependent adult abuse to the appropriate agency.
- 2) It has been held that if individuals intend to take dangerous or harmful action against themselves or others, it is the therapist's duty to warn the person (or the family of the person) likely to suffer the results of the harmful behavior and to take protective action if there is immanent danger. Before such disclosure is made, every reasonable effort will be made to appropriately resolve these issues or to notify the client.
- 3) Certain exceptions are involved in the treatment of couples.

I understand I have a right to terminate the therapeutic relationship at any time that I should desire without fault.

SIGNATURE

DATE

PARTNER

DATE

PRINTED NAME(S)