

Consent to Treatment

I, _____, consent to psychotherapeutic treatment with Wendi Dumbroff, MA, LPC. I agree to a consultation period (one to three sessions) during which time Wendi Dumbroff will make an initial recommendation regarding the appropriate type and level of care. I understand that continued treatment is a collaborative process which includes developing a verbal treatment plan with her and regularly reviewing work toward goals. I also understand that Wendi Dumbroff makes no promises to me regarding the results of specific interventions or the overall course of treatment.

I am aware that what I disclose to Wendi Dumbroff is considered confidential, but there are limits to confidentiality. These include:

- Confidentiality could be broken to protect me if I disclose active intent to commit suicide, or present with another psychiatric emergency;
- Confidentiality could be broken in the event of a medical emergency;
- She has a “duty to warn” if I state I will physically harm another person, or if I am in any way threatening the physical health and safety of another person;
- She is mandated to report suspected child or elder abuse or neglect;
- She could disclose information if mandated by a court of law;
- She could disclose information if she is being legally challenged by a client;
- I sign a release which gives her permission to talk to another person about my treatment.

I am informed Wendi Dumbroff participates in clinical consultation and I am further informed that case consultation among colleagues may occur, but that my identity will not be revealed.

I am aware that I can stop my treatment with Wendi Dumbroff at any time. However, it is in my best interest to attend two to four sessions to create closure.

I know that I must call to cancel a scheduled session 24 hours in advance to avoid being charged for the session.

My signature below shows that I understand and consent to the above statements.

Client's Signature _____ Date _____

Parental/Guardian's Signature
if Client Is a Minor _____ Date _____

Wendi L. Dumbroff, MA, LPC _____ Date _____