

Intertribal Treatment Center of Nebraska Consent for Treatment

- 1) I have been fully informed of my rights as a client of this program, the extent and limits of confidentiality in therapy, and the goals associated with this therapy. With that knowledge, I request and consent to receive therapy from qualified personnel of this agency.
- 2) I understand that the personnel of this program may not disclose information about my therapy to anyone outside this program without my written consent, except as required by law to comply with a court order, to prevent suicide/self harm, or harm to others, or to stop or prevent abuse of a child, elder, or a disabled person.
- 3) I understand that my participation in treatment may require my written consent to allow personnel of this program to provide some information about my therapy to referring program and/or insurance company or any other third party payer. If this is the case, the form provided for my written consent for this disclosure will state what types of information will be disclosed.
- 4) I understand that my counselor and/or therapist may work with me at this program, in my home, or in other settings based upon the clinician's professional judgment.
- 5) I understand that my therapy may involve participation in individual, couples, family, and/or group counseling, homework assignments, and other activities.
- 6) I agree to participate in my therapy, to cooperate with my counselor/therapists, and to complete any assignments coordinated between me and my counselor.
- 7) I understand that I will maintain the confidentiality and privacy of any group participants during group therapy.
- 8) I understand that my therapy may include attendance at meetings of independents self-help support groups of any kind.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____