

CONSENT FOR SERVICES

Wyette Donovan, M.S.W., L.C.S.W. provides Treatment Services which include individual, couples and family psychotherapy.

My signature below indicates that I have read and understand the following:

- My agreement to begin services with Wyette Donovan, M.S.W., L.C.S.W. is voluntary, of my own free will and free from undue influence or duress on the part of Wyette Donovan, M.S.W., L.C.S.W.
- I may withdraw my consent for services now or at any time.
- Depending on my needs, my service provider may recommend that I begin additional services with another treatment provider (for example, for medication management) in order to better serve my needs. I understand that I may refuse to engage in any or all services or service recommendations by Wyette Donovan, M.S.W., L.C.S.W. now or at any time during my treatment.
- I may ask questions about my treatment at any time.
- Length of each session, anticipated length of services and the individualized plan for my services will be discussed with my service provider.
- Occasionally, my service provider may find it necessary or helpful to consult with other professionals regarding my services. These consultations are a routine part of professional practice and are considered confidential.
- Services are confidential to the fullest extent allowable by law. Legally, my service provider may be required to reveal necessary confidential information if any of these circumstances exist:
 1. We consider you a danger to yourself or others.
 2. You are a minor, and we believe that you are a victim of abuse.
 3. You are over the age of 65, and we believe that you are a victim of abuse.
 4. You are a minor and your parents request information that is appropriate and necessary for them to support or participate in your treatment. We define a minor as anyone under the age of 18 years.
 5. Your insurance or health care provider is pre-authorized by you to request information from your file.

Client Name (print): _____

Responsible Person Name (if other than client): _____

Responsible Person Signature: _____ Date: _____