

Consilium, Inc.

Michael C. Graham, MC, PLLC

Sandy Graham, MS, PLLC

CONSENT TO TREATMENT

I _____ voluntarily enter into treatment with Michael C. Graham, MC, PLLC or Sandy Graham, MS, PLLC (hereinafter referred to as the “counselor” or “counselors”) for the following _____ issues _____ and _____ problems: _____.

_____ I understand that various counseling techniques may be used, including, but not limited to, cognitive behavioral techniques, gestalt therapy, paradoxical interventions, exposure therapy, EMDR, desensitization, psychotherapy, hypnotherapy, dream work, grief work, stress reduction, shame reduction, behavioral and sensory experimentation, and others as deemed necessary by the counselor and myself in the course of therapy.

_____ I understand I have the right to participate in treatment decisions and in the development and periodic review and revision the treatment plan.

_____ I further understand that any or all of the techniques which may be employed have certain risks which may include but are not limited to: exacerbation of the conditions for which treatment is sought, increase in anxiety and depression, emergence of other symptoms not previously experienced, emergence of additional emotional or psychological symptom or problems.

_____ I also understand that the process of therapy may involve the use of language which I may find offensive, shocking or objectionable.

_____ I understand that a formal diagnosis is not a routine part of the practice of the counselors. If I request a formal diagnosis it will be provided according to the DSM-5 criteria.

_____ I understand that any records kept by the counselor are strictly confidential and will not be released to others without my written consent in accordance with State and Federal regulations as described in the HIPPA notice of Privacy Practices.

_____ I understand that I may obtain a copy of any and all records regarding my treatment, at no cost to me, but that such copying may take at least two weeks and possibly longer depending on the size of the records.

_____ I have received or been offered a copy of the Social Media and Electronic Communications Policy.

_____ I have received or been offered a copy of the HIPPA Notice of Privacy Practices and the Records Protocol and Office policy.

_____ I have received or been offered a copy of the Fee Schedule and payment policy.

_____ I understand that if I miss or cancel an appointment without at least 24 hours notice I will be charged at \$125.00 in accordance with the fee schedule and payment policy.

_____ I understand that I have the right to refuse to participate in any and all aspects of treatment that may be suggested by the counselor. I also understand that I have the right to withdraw from treatment at any time.

_____ I further understand that I am solely responsible for any consequences for withdrawal from therapy and the counselor will not be held liable for any such consequences.