

The Institute for Essential Change (IEC)

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CLIENT INFORMED CONSENT

- I have chosen to receive outpatient psychotherapy services through the Institute for Essential Change (IEC). My choice has been voluntary and I understand that I may terminate individual and/or group therapy at any time.
- I understand that successful psychotherapy is a cooperative effort between me and my therapist. I will work with my therapist in a cooperative manner to resolve my difficulties.
- I understand that during the course of my psychotherapy, material may be discussed which will be upsetting in nature and that this may be necessary to help resolve my problems.
- I understand that confidentiality of records and information collected about me will be held or released in accordance with state laws regarding confidentiality of such records and information.
- **I understand that state and local laws require that my therapist report all cases of abuse or neglect of minors or the elderly and *suspected* abuse or neglect of minors or the elderly.**
- **I understand that state and local laws require that my therapist report all cases in which there exists a danger to self or others.**
- I understand the basics rights of individuals who undergo treatment through the Institute for Essential Change (IEC). These rights include:
 - The right to confidentiality under federal and state laws relating to the receipt of services.
 - The right to humane care and protection from harm, abuse, or neglect.
 - The right to make an informed decision whether to accept or refuse treatment.
- I understand that when psychotherapy services are rendered, unless other arrangements are made, payment must be made via cash or check.

I have read and understand the above information.

Client's Printed Name

Client's Signature

Date

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