

Consent to Treatment

I, _____, the undersigned, hereby attest that I have voluntarily entered into treatment with Corinne Datchi, PhD, ABPP, or give my consent for the minor or person under my legal guardianship, _____. The rights, risks, and benefits associated with the treatment have been explained to me. I understand that the therapy may be discontinued at any time by either party, and that it is critical this decision be discussed prior to termination, in order to facilitate a more appropriate plan for discharge.

Recipient's Rights: I certify that I have received the Privacy of Information Policies and certify that I have read and understand its content. I understand that as a recipient of services, I may ask Dr. Datchi for more information.

Nonvoluntarily Discharge from Treatment: I understand that Dr. Datchi may terminate treatment without her client's consent, if: (A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts where psychological services are provided, and/or (B) the client refuses to comply with stipulated rules, refuses to comply with treatment recommendations, or does not make payment or payment arrangements in a timely manner. The client will be notified of the nonvoluntary discharge by letter. The client may request to reapply for services at a later date.

Client Notice of Confidentiality: The confidentiality of patient records maintained by Dr. Datchi is protected by federal and/or state law and regulations. Generally, Dr. Datchi may not say to a person outside her private practice that a client is receiving psychological services from her, or disclose any information identifying a patient as an alcohol or drug abuser unless: (1) the client consents in writing; (2) the client presents immediate risks of harm to self or/and others; (3) the client discloses information about suspected abuse or/and neglect of a child or vulnerable adult; (4) the disclosure is allowed by a court order; (5) the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation. Violation of federal and/or state law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities.

Federal law and regulations do not protect any information about suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under federal and/or state law to appropriate state or local authorities. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is Dr. Datchi's legal duty to warn any potential victim when a significant threat of harm has been made. *It is also Dr. Datchi's legal duty to notify the chief law enforcement officer or the Superintendent of State Police if the patient resides in a municipality that does not have a full time police department, when a threat of imminent, serious physical violence against a readily identifiable individual or against oneself has been made and provide to the chief law enforcement officer or superintendent, as appropriate, the patient's name and other nonclinical identifying information.*

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records. Professional misconduct by a health care professional must be reported by other health care professionals, in which related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about the client, not clinical information.

My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original.

I consent to treatment and agree to abide by the above-stated policies and agreements with Dr. Datchi.

Signature of Client/Legal Guardian

Date