

# Pleshe Counseling Services, LLC

## INFORMED CONSENT (DHS 94.03)

### The Process of Treatment:

1. The benefits of therapy are to help the client meet his/her goals for treatment. These goals will be developed together with the therapist.
2. Administration of treatment: The client and the therapist will together determine how to best meet the goals of treatment. If the client does not think his/her goals are being met, this should be discussed with the therapist for evaluation, recontracting, or referral to a therapist who may better meet the needs and goals of the client.
3. Side effect of treatment: Therapy helps the client work on his/hers goals. In some cases this means that unhappy feelings may increase before things start to get better.
4. Probable benefits of receiving proper treatment: People who choose counseling to overcome their problems have a better advantage at making more appropriate life choices and decisions.
5. Effective time period of consent to treatment: The client's consent to treatment will last until the client either terminates treatment or the goals of treatment have been satisfactorily reached and the case is closed. Pleshe Counseling Services, LLC reserves the right to close the client file if there has been no contact made by the client within 60 days. In addition, Pleshe Counseling Services, LLC, also reserves the right to consult with a client before resuming services.

### If applicable:

I give permission for my child to receive an evaluation and treatment by a therapist at Pleshe Counseling Services, LLC.

I understand that measures are being taken to protect against insurance fraud. Therefore, I will provide an additional form of identification, such as a driver's license, for Pleshe Counseling Services, LLC, to verify identity.

The types of services I am requesting from Pleshe Counseling Services, LLC, have been explained to me. I voluntarily consent to be actively involved in the treatment/process program. **I have read and understand the rights of a patient and Informed consent.**

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Client Signature

Date

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Parent/Guardian Signature

Date

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Therapist Signature

Date