

Eliza Behrsing, LICSW LADC
Informed Consent and Client's Disclosure Confirmation

Client's Name: _____ **Date of Birth:** _____

A. I voluntarily consent to evaluation and/or treatment of the above named client by Eliza Behrsing, LICSW LADC. I understand that I am consenting and agreeing only to those services that Ms. Behrsing is qualified to provide within the scope of her training. I acknowledge that no guarantees are being made to me as the result of the treatment. I also understand that Ms. Behrsing is an independent contractor.

B. I acknowledge that no guarantees have been made to me as to the result of the treatment or evaluation.

C. I certify that I am the child's legal guardian or custodial parent and am legally authorized to initiate and consent for treatment on behalf of this individual.

D. I understand that Ms. Behrsing may consult with other clinicians for the purposes of professional development and coverage and that such consultations are also bound by the rules of confidentiality. I understand that Ms. Behrsing may discuss my child's care in peer supervision and provide information to a covering clinician to facilitate continuity of care.

E. I authorize Ms. Behrsing to communicate with my insurance company for care authorization and care coordination upon request from the insurance company.

F. I understand that treatment is confidential with exceptions. These exceptions include, but are not limited to: disclosure to insurance companies and managed care companies for reimbursement purposes; disclosures required by law, such as suspicion of abuse or neglect of children, disabled or elderly individuals, risk of imminent harm, or duty to warn; and disclosure to other health care professionals to facilitate my child's care and treatment or as described above. I understand that there may be other circumstances in which the law requires my therapist to disclose confidential information.

G. I have been given the professional qualification and experiences of Eliza Behrsing, LICSW LADC, her professional policies, a listing of actions that constitutes unprofessional conduct according to Vermont statutes, and the methods for making a consumer inquiry or filing a complaint with the Office of Professional Regulation.

H. In addition, I have received and been informed of client privacy rights as outlined under HIPPA. These rights include:

- a. The right to be informed of the various steps and activities involved in receiving services.
- b. The right to confidentiality under federal and state laws related to the receipt of services.

