Healing Space Therapy, Licensed Clinical Social Worker Inc
Psychotherapy, Counseling, and Mental Health Services
2230 W. Chapman Ave. Ste #207, Orange CA 92868

Consent for Services

The undersigned client or responsible adult authorizes and consents to mental health services by Healing Space Therapy, Licensed Clinical Social Worker Inc (Healing Space Therapy Inc). These services may include assessment, counseling, therapy, screening, referral, and other appropriate services.

Records

I understand that any records kept regarding me and my services are the property of Healing Space Therapy Inc. I understand that my records may or may not include dates of service, pertinent clinical information, treatment plans, occasional progress updates, and any other forms or documentation deemed relevant by the staff of Healing Space Therapy Inc to address the reasons or issues for my seeking mental health services. Upon my written consent, a clinical summary of such records may be available to other qualified mental health or medical professionals or insurance companies.

Confidentiality

I understand that what I share during my services is strictly confidential with few, legally mandated exceptions. I understand the law requiring that any serious threat to another person's life must be reported to that person and to police binds mental health professionals. They are also required to report possible child, elder or dependent adult abuse. If I am a danger to myself (suicidal), confidentiality will be broken to ensure my safety. Otherwise, only by court or my written consent may records be released. I further understand that it may be necessary to include other individuals, such as family members, in my treatment. This will only be done with my knowledge and consent. I understand that my treatment information may be shared and discussed only amongst authorized Healing Space Therapy Inc staff members for the purposes of supervision and clinical team collaboration in order to ensure the highest quality of care.

Cancellation Notice

I understand that if I forget an appointment or do not give 24-hour cancellation notice, I will be charged for that appointment. Illness or unforeseen emergencies are excluded if cancellation is made the same day as the appointment.

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Print Name:

_____ _____

Signature of client or parent/ legal guardian Date