

LIGHT OF HOPE COUNSELING SERVICES, INC

Kiana Kalaghichian, LCSW

Business Address: 108 Orange Street, Suite 8, Redlands, CA 92373

1128 E. Sixth Ave, Suite 8, Corona, CA 92879

Phone: (951) 288-9086

Fax: (909) 363-8020

Consent for Treatment and Limits of Liability/Confidentiality

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Your therapist reserves the right to discontinue counseling at any time including, but not limited to, a violation by you of this Consent for Treatment, a change or reevaluation by your therapist of your therapeutic needs, your therapist ability to address those needs, or other circumstances that led your therapist to conclude in its sole and absolute discretion that your counseling needs would be better served at an another counseling facility. Under such circumstances, your therapist will suggest an appropriate counselor(s) or counseling agency.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

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Minors/Guardianship Confidentiality

Information shared by minors 12 years of age and older will be kept confidential and not shared with parents unless minor is a danger to themselves or others. The therapist reserves the right to discuss progress in treatment, general concerns, and make recommendation regarding parents intervention. Information shared by minors younger than 12 will be shared with parents with discretion so as not to interfere with treatment, provided it is thought to be in the best interest of the child to do so. Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records (not including progress notes).

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

If your records are subpoenaed by a court of law.

Therapists are encouraged to routinely have supervision/consultation sessions for growth, feedback, and excellence. Confidentiality is waived for this specific purpose.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

Your therapist does not recommend custody of children or complete court reports for family law issues. Your therapist does not recommend or complete any disability forms and or lawsuit related purposes.

I have received the 4 page HIPAA: Notices of Privacy Practices.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18)

Date

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Cancellation Policy

If you are unable to attend an appointment, I request that you provide at least 48 hours advanced notice to my office. Since I am unable to use this time for another client, please note that you will be charged a fee of \$75.00 for your scheduled appointment if it is not timely cancelled, unless such cancellation is due to illness or an emergency. If there are more than two no shows and/or last minute cancellations, it may affect the continued delivery of service.

I appreciate your help in keeping the office schedule running timely and efficiently.

Parent/Guardian if under 18) Date

Client Signature (Client's