

LifeWorks PLLC
205 East Union Street
Morganton, NC 28655
Phone: (828) 433-9190

Consent to Treatment

I freely give consent for myself or my minor child to be treated by LifeWorks. I understand that these services include, but are not limited to the following:

1. Assessment, evaluation and diagnosis
2. Recommendations for treatment strategies
3. Goal setting
4. Psychotherapy (individual, couples, marital or group)
5. Referral for medication consultation and on-going management
6. Referral to appropriate medical and therapeutic practitioners as needed
7. Referral to more intensive levels of care as needed
8. Telephone consultations with other professionals as needed for continuity of care

Confidentiality: Our practice takes every precaution in protecting the confidentiality of your visit. WE DO NOT DISCUSS YOUR SITUATION WITH ANYONE UNLESS YOU GIVE US WRITTEN PERMISSION TO DO SO, EXCEPT FOR THE FOLLOWING REASONS:

- A. If we learn about child abuse or abuse of disabled adults, we are required by law to report it to the proper authorities.
- B. If, in our judgement, a client is dangerous to himself or others (suicidal or homicidal), we will disclose information in order to protect persons from harm.
- C. If we are required to present records to comply with a court order, it is our legal responsibility to do so.

In case of a medical emergency, please call 911 or go to the nearest Emergency Room (ER). If you are experiencing a mental health emergency and need our assistance after normal business hours, please call our crisis number at (828)439-7617 to reach the on-call clinician.

Acknowledgement:

I acknowledge that I have read and understand the above Consent to Treatment. I understand that I have the right to refuse treatment.

Signature: _____ Date: _____