

Spiezio and Affiliates

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Consent for Treatment

1. I hereby consent to receive counseling services from Spiezio and Affiliates.
2. I realize that no particular outcome/result can be guaranteed as a result of my consent to treatment.
3. I hereby release Spiezio and Affiliates from responsibility for any injury that results from my leaving services against clinical and/or medical advice.
4. Your treatment is confidential within the limits prescribed by law. If you choose to contact me by email or text, it is important to know that confidentiality through these sources of communication cannot be guaranteed. In general, no information about your treatment will be released without your written consent. However, relevant laws require that your therapist contact others about your safety in the following situations: you are assessed as presenting a danger to yourself or others or harm being caused to a minor.
5. Spiezio and Affiliates complies with all HIPAA regulations. Policies and Procedures manual available for review upon request.

If you (client) are under 12 years of age, your therapist may discuss your treatment with your parent or legal guardian. If you are over 12 years of age and under 18 years of age, your therapist may discuss your treatment with your parent or legal guardian with your consent. If you are engaging in behavior that your therapist believes places you in danger of significantly harming yourself or others, your therapist will help you to discuss these issues with your parents.

I certify that I have fully read and understand the above consent and information and have had opportunity to ask clarifying questions and agree with the content of this consent form.

Client/Legal Guardian: _____ Date: _____