**CHRIS RAMIREZ COUNSELING ASSOCIATES, Inc.**

**1790 N. Lee Trevino Suite 601-A, El Paso, TX 79936-4500**

**Telephone 915/778-4243 Fax 915/778-4244**

**CONSENT FOR TREATMENT**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to participate to allow me/my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in Individual and/or Family Therapy.

I understand that I/my child will receive professional counseling and that other members of my family, may be included in this service. **If I do not keep my appointments, I understand that services may be terminated.**

**Limits of Confidentiality**

1. Your right to privacy is strictly enforced by this. However, the following limits of confidentiality do apply:
* If you utilize insurance to pay your fee to seek reimbursement, I must provide limited information to your insurance company. Such information is typically limited to date of sessions, initial assessment, and diagnosis. Furthermore, if y our insurance company requests any further information, this will be discussed with you prior to release of this information.
* If you are judged to be a danger to yourself or others, I must inform the appropriate authorities.
* If there is reason to believe that you are either the perpetrator of or victim of verbal, physical or sexual abuse of a minor and/or elderly person, I must make a report to Adult and/or Child Protective Services.
* If I am meeting with a child on a one-to-one basis, that child’s conversations with me are treated as privileged. I will attempt to offer parents appropriate feedback but without divulging specifies of my conversation with the child.
* If you are meeting with me as a part of a legal process, our conversations are not privileged. Anything you share with me can be potentially released to the referring legal authority and may also be referenced in court testimony.
* If your records are ever subpoenaed by a legal authority, I will make every effort to have the presiding judge suppress any portion of your record, which is not relevant to the matter before the court.
* If you are ever requested by a third party to release my records to the party, please make certain that you specify what portion of your records can released.

**I HAVE READ, UNDERSTAND, CONSENT TO TREATMENT, AND AGREE TO THE LIMITS OF CONFIDENTIALITY AS OUTLINED HERE.**

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 (CLIENT OR RESPONSIBLE PARTY SIGNATURE) (DATE)

 (REVISED 8/09)