

Victoria L. Woods, L.C.S.W., L.C.C.

777 East Missouri Avenue, Suite 120 Phoenix, Arizona 85014

PHONE (602) 679-5273 FAX (602) 216-9590

E-mail: Victoria@aywoods.com

CONSENT FOR TREATMENT / CLIENT RIGHTS

I have chosen to receive treatment services with Victoria L. Woods, LCSW and employees therein. My choice has been voluntary and I understand I may terminate therapy at any time.

I understand that information given to my therapist will not be shared with any source outside of this counseling center, except where required by law (for example, danger to self or others or suspected child abuse), if I consent in writing, or if my benefits-covered treatment and claims payer requires information.

I understand that there is no assurance that I will feel better. Because psycho-therapy is a cooperative effort between my therapist and me, I will work with my therapist in a cooperative manner to resolve my difficulties.

Your Rights:

- To be treated with respect for your personal dignity and for privacy- regardless of race, color, religion, sex, age, physical or mental disability, or national origin. All providers will actively take steps to ensure your privacy.
- To participate in decision making involving your behavioral health care (or in the behavioral health care of dependants) and to be informed regarding your behavioral health issues, treatment, and prognosis in terms that you can understand.
- To have reasonable access to behavioral healthcare services and information about charges for which you will be responsible.
- To make an informed decision whether to accept or refuse treatment.

I HAVE READ AND UNDERSTAND THE ABOVE:

Client's Signature

Date

Therapist's Signature

Date