

Leslie Rogers, MA, LPC, NBCC, L.L.C.
Licensed Professional Counselor

CONSENT FOR TREATMENT

I consent to evaluation and mental health treatment for myself, my minor child or ward. I am aware that care and treatment is not an exact science and acknowledge that no guarantees have been made to me as to the result of treatment. I also understand that Leslie Rogers is not a crisis therapist. If you have a life threatening emergency, you will need to call the Suicide and Crisis Hotline (303) 860-1200, the police (911) or go to your nearest emergency room. I understand that if Leslie thinks I need more intensive services I will be referred a therapist or organization that has the ability to provide treatment to meet those needs. I also understand that Leslie Rogers will not testify in court as an expert witness, including: divorce, child custody, or criminal cases.

CLIENT RIGHTS

1. You have the right to terminate treatment at any time.
2. Your rights as an individual will be respected at all times without regard to race, color, creed, age, sex or political affiliation.
3. You have the right to know the cost of your treatment.
4. You have the right to review and have your therapist review your treatment plan at any time.
5. Your right to confidentiality does not preclude your therapist from reporting information pertaining to a crime committed by you in the office or against another client in treatment with you.
6. Sexual contact between client and therapist is never appropriate.

EXCEPTIONS TO CONFIDENTIALITY

- 1. If you threaten to harm yourself or someone else.**
- 2. If you know of ongoing and current child or elder abuse.**
- 3. If the therapist or her files are subpoenaed by the court.**

CONSENT FOR FOLLOW-UP CONTACT

I hereby grant permission for my therapist to contact me after my discharge from their services to obtain information for research purposes only. All information will be considered confidential. I understand and agree to the preceding relevant paragraphs.

Client Signature

Date

Signature of Parent / Legal Guardian

Date

Witness

Date