



AHWI Psychology Group

5100 E. The Toledo, Long Beach, CA 90803
562.439.3425 Phone | 562.433.5522 Fax

INFORMED CONSENT/ASSENT FOR ASSESSMENT AND TREATMENT

Name: _____

Date of Birth: _____

I understand that as a client of AHWI Psychology Group I am eligible to receive a range of services. The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me. Typically, treatment is short-term (as short as 8 to 12 weeks) but can also be long-term depending on various factors.

I understand that all information shared with the clinicians at AHWI Psychology Group is confidential and no information will be released without my consent with the exception of mandatory reporting laws (see confidentiality section for details). During the course of treatment, it may be necessary for my clinician to communicate with staff at AHWI Psychology Group. While written authorization will not be requested prior to any discussion with other AHWI Psychology Group providers, I understand that my clinician will discuss AHWI Psychology Group communications with me. In all other circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- When there is risk of imminent danger to myself or to another person, the clinician is required to take necessary steps to prevent such danger.
- When there is suspicion that a child is being neglected; sexually, emotionally, or physically abused; or is at risk of such abuse, the clinician is legally required to take steps to protect the child and to inform the proper authorities.
- When there is suspicion that an elder is being neglected; sexually, emotionally, or physically abused; or financially exploited; or isolated or is at risk of such abuse, the clinician is legally required to take steps to protect the elder and to inform the proper authorities.
- When a valid court order is issued for health records, the clinician and the agency are bound by law to comply with such requests.

I understand that a range of health and wellness professionals, some of whom are in training, provides services. All professionals-in-training are supervised by a licensed professional. I understand that while therapy may provide significant benefits, it may also pose risks. Therapy may elicit uncomfortable thoughts and feelings or may lead to the recall of troubling memories when first beginning to explore various experiences. However, therapy also focuses on developing coping and stress management skills to manage these emotions as they occur in a safe, therapeutic environment. If I have any questions regarding this consent form or about the services offered, I may discuss them with my clinician. I have read and understand the above. I consent to participate in the evaluation and treatment offered to me. I understand that I may stop treatment at any time.

Signature of Client or Parent or Legal Guardian

Date

Assent: Signature of Minor

Date

Print Name

AHWI Psychology Group

Date