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## Informed Consent and Consent to Treatment

**Statement Regarding Ethics, Client Welfare, and Safety:** I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the National Association of Social Work.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility. Additionally, at times people find that they feel somewhat worse when they first start therapy, before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Through this process, we will target your specific treatment needs and identify the therapeutic modalities that work the best for you.

**Confidentiality and Records:** Your communication with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my locked office. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions;

1. You direct me to tell someone else and you sign a "Release of Information" form.
2. If you disclose a plan or threaten to harm yourself, I must attempt to notify your family and the legal authorities. In addition, if you disclose a plan or threaten to harm another person, I am required to warn the possible victim and notify the legal authorities.
3. If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), then I must report this information to the appropriate state agency and/or legal authorities.
4. I must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.
5. Parents or legal guardians of non-emancipated minor clients have the right to access the client's record.
6. Insurance companies and other third-party payers are given information that they request regarding services to the client.
7. I am ordered by a judge to disclose information. In this case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist. This state has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

**Our Agreement to Enter into a Therapeutic Relationship**

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask me about it.

Please print, date and sign your name below indicating that you have read and understand the contents of this **Information, Authorization, and Consent to Treatment**. Your signature indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you.

Client Name (Please Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_