

Amy R. Paul LPC PC
Licensed Professional Counselor
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Informed Consent to Treatment

I, (Client Name) _____, hereby acknowledge and agree to the following terms as part of my treatment with Amy R. Paul LPC PC:

Confidentiality of Therapy Records: I understand that all records of my therapy sessions are confidential and will not be disclosed to any third party without my explicit written consent, except as required by law.

There are exceptions by law to confidentiality. If the therapist believes a client is in danger of harming him or herself, protective actions may be taken such as contacting a family member or seeking evaluation for hospitalization. If the therapist believes a client is threatening serious bodily harm to another, the therapist may be mandated to take protective actions including notifying the potential victim, contacting the police or seeking hospitalization for the client. If the therapist believes a child is being abused, the therapist is mandated to file a report with the appropriate state agency. A judge or court may order the therapist to disclose information.

Non-Subpoena Agreement: I agree not to subpoena Amy R. Paul LPC PC to testify in court or to provide therapy records for any legal proceedings. I understand that this agreement is made to preserve the therapeutic relationship and the confidentiality of my treatment.

Termination of Future Services: In the event a subpoena is issued by the client or their representative, I reserve the right to discontinue services in accordance with any ethical guidelines and applicable rules.

I consent to take part in treatment with Amy R. Paul LPC PC.
I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.
I understand that no promises have been made to me as to the results of treatment provided by this therapist.
I am aware that I may stop my treatment with this therapist at any time.
I understand I will still be responsible for paying for the services I have already received.
I acknowledge that I understand the information discussed about the therapy I am considering.
I have had all my questions answered fully.

By signing below, I confirm that I have read, understood and agreed to the terms outlined above.
*By typing your name below, you are agreeing this is an electronic signature.

Client Signature (14 and older)	Printed Name	Date

Parent or Legal Guardian	Printed Name	Relationship	Date

(For all clients under 18; co-signature required for clients 14-17)

Parent or Legal Guardian	Printed Name	Relationship	Date

(For all clients under 18; co-signature required for clients 14-17)