

General Consent for Treatment

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I am aware that the practice of psychotherapy, counseling, family therapy, marital therapy, and related disciplines is not an exact science. Psychotherapy and counseling may involve interviews, consultation, assessment, testing, conferences, role plays, recollection of memories and experiences, guided imagery and relaxation, journaling, letter-writing, and referrals. I understand the process of therapy might involve exploration of sensitive issues, provoke anxiety, or other intense feelings. I understand that there is a risk that in some cases, symptoms may worsen during the process of therapy, and that the potential benefits offered by therapy include symptom reduction or alleviation, improved functioning, healthier relationships, and improved self-esteem. I acknowledge that no guarantees have been made to me regarding the outcome of this treatment.

I understand that psychotherapy requires more active participation from the client than is true when consulting a medical doctor. The extent of benefit I receive from therapy may depend on my investment in the process. I understand that a positive outcome to therapy depends on honest communication and effort, to the best of my ability.

I understand that the therapist and I will negotiate goals, proposed procedures, discuss associated risks and possible benefits, and treatment alternatives, and that this information will help me to make an informed consent regarding my continued participation. In lieu of reasonable benefit after a reasonable course of treatment, my counselor may propose discontinuation of treatment or consultation with another professional, treatment provider, or medical practitioner.

George Turner holds a master's degree in clinical social work from the University of Kansas, and is a member of the American Association of Sex Educators, Counselors and Therapists. He is licensed in Missouri as a Licensed Clinical Social Worker (LCSW # 2004019056) and he is licensed in Kansas as a Licensed Specialist Clinical Social Worker (LSCSW #2399).

Lisa Meyers holds a master's degree in clinical social work from the University of Kansas, and is a member of the American Association of Sex Educators, Counselors and Therapists. She is licensed in Missouri as a Licensed Clinical Social Worker (LCSW # 2004024257) and he is licensed in Kansas as a Licensed Specialist Clinical Social Worker (LSCSW #3631).

I understand that LCSWs nor LSCSWs are not medical doctors, and are not authorized to prescribe medications. In some circumstances, a psychotherapist may request a consultation with an appropriate medical practitioner to assess whether presenting symptoms may be related to a medical (rather than a psychological) condition, or whether treatment with medication(s) may not be appropriate or necessary.

I am aware that I have the right to discontinue treatment at any time, except in cases where the assessment or treatment has been ordered by the court, and in rare instances where there may be superceding urgent issues of concern regarding safety. I understand that any records kept are subject to state and federal laws, which are explained more fully under the office policies and procedures.

My signature indicates that I have read this document and been given an opportunity to ask questions, and have the information needed to give an informed consent for treatment. I understand and accept the conditions.

Statement of Acknowledgment: **"I have read and understood the above."**

Client Signature: _____
Date: _____