

Angela Rene Brown, LCSW, LLC

# Counseling for *Serenity*

**INFORMED CONSENT – Ages 12-17** pg1/2

My name is Angela Rene Brown, LCSW and I am the counselor you will be seeing today. My phone number is 815-600-1999. Today's appointment will take about 45 – 60 minutes. I know that that starting counseling is a big decision and you may have many questions. I will do my best to answer any questions or concerns. This form explains information about me, my policies, State and Federal Laws and your rights about counseling. My formal education includes a Bachelor of Science Degree in Social Work and a Masters Degree in Social Work from the Jane Addams College of Social Work at University of Illinois at Chicago. I am licensed by the State of Illinois as a Licensed Clinical Social Worker and have been helping people for over 20 years. In counseling I talk with people about how sometimes our thoughts and beliefs can affect how we feel and behave, which is called cognitive behavioral therapy. Other counseling approaches can be used depending on the person or condition. Counseling practices, philosophy and plan imitations and risks will be discussed with you today.

## **CONFIDENTIALITY AND EMERGENCY SITUATIONS:**

What we talk about and my notes are not shared with anyone without your written permission except for:

1. Diagnosis and dates of service shared with your insurance company to process your claims.
2. Information you tell me about physical, sexual or elder abuse; then, by Illinois State Law, I have to report this to the Department of Children and Family Services.
3. Where you sign a release of information to have specific information shared.
4. If you tell me you are in danger of harming yourself or others.
5. Information shared with my supervisor or consultant and 6. When required by law.

If you need to contact me between counseling sessions please call my office at 815-600-1999. E-mail, text messages and social networking sites are not confidential and I may not be able to respond. If an emergency situation would happen, you can go to your nearest emergency room/hospital, call 911 or you can call my office to have a counselor call you. If no call is received within 15 minutes or you can't wait, you can go to the hospital or call 911.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS:**

*I/We have read and received a copy of the HIPPA Notice of Privacy Practices and Client Rights document.*

*May we contact you at home? Yes \_\_\_ No \_\_\_ May we contact you by your cell? Yes \_\_\_ No \_\_\_*

*May we contact you at work? Yes \_\_\_ No \_\_\_ Where may we contact you? \_\_\_\_\_*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-ORDINATION OF TREATMENT:**

It is important that all health care providers work together. As such, I would like your permission to communicate with your family Doctor and/or Psychiatrist. Your permission is good for one year. If you don't want me to communication with your Doctor, it is ok and no information will be shared. Please check the correct box below.

- YES, you may communicate with my Doctors(s)**  
 **NO, you may NOT communicate with My Doctor(s)**

**PHYSICIAN NAME:** \_\_\_\_\_ **CLINIC:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

You have the right to revoke this authorization, in writing, at any time by sending notice. However, a revocation is not valid to the extent that we have acted in reliance on such authorization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-ORDINATION WITH CHILD'S SCHOOL:**

Angela Rene Brown, LCSW may wish to work in cooperation with faculty and staff at your school and school district. As such, we ask your permission to communicate with these individuals to coordinate and expand care for you. This communication will be from Angela Rene Brown, LCSW to the school and from the school to Angela Rene Brown. Your consent is valid for one year. If you decline, no information will be shared. You may change your decision at any time.

- YES, you may communicate with my school.**  
 **NO, I/we decline. You may NOT communicate with my school.**

**SCHOOL NAME:** \_\_\_\_\_ **ATTENTION:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**You may have a copy of this form if requested.**

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed:** \_\_\_\_\_ **Date:** \_\_\_\_\_