



## General Consent for Treatment

The purpose of this consent form is to ensure you, as a client (or legal guardian of a minor client) of InMindOut Emotional Wellness Centers, understand and acknowledge your rights, the scope of services provided, and the nature of treatment.

### Consent to Treatment

I, \_\_\_\_\_, consent to and request that my clinician(s), along with necessary InMindOut Emotional Wellness Centers staff, perform reasonable and necessary mental health evaluations, psychotherapy, psychological testing, neurofeedback, and other treatment services for the purpose of assessing and managing my mental health conditions.

I understand that:

- Psychotherapy and psychological services are not exact sciences. Clinicians use evidence-based treatment modalities tailored to individual client needs, but outcomes cannot be guaranteed.
- Treatment may involve discussing sensitive topics or personal information that may cause discomfort.
- Active participation is essential for effective care, and progress depends on my engagement in treatment recommendations. I may also need to apply strategies discussed in therapy outside of sessions.
- Certain services, including psychological testing, biofeedback, and neurofeedback, require separate consent forms. Clients with a history of seizures should inform their designated professional before starting Neurofeedback, as rare seizure activity has been reported.
- Some services use specialized equipment, such as sensors or gels, to monitor physiological responses.
- InMindOut is a training facility, and I may receive services from postdoctoral fellows, practicum students, interns and associates under licensed supervision.

### Confidentiality & Limits to Confidentiality

I acknowledge that my treatment records and communications with my clinician are confidential; however, I understand that my clinician is legally required to disclose information under the following circumstances:

1. If there is reason to believe that I pose a serious and imminent threat to myself or others.
2. If there is suspicion or knowledge of child abuse, elder abuse, or abuse of a person with a disability.
3. If my records are subpoenaed by a court of law or disclosure is otherwise required by law.
4. If I am involved in legal proceedings where my mental health is a determining factor.
5. If I disclose that I have been sexually or physically abused by a past or present licensed mental health professional.

Additionally, I acknowledge that my records may be reviewed for internal quality assurance, billing, and regulatory compliance purposes.

### Consent for Minors

- Legal guardians must provide necessary documentation, including custody agreements, divorce decrees, parental agreements, if applicable.
- The law may grant parents/legal guardians access to a minor's treatment records; however, InMindOut Emotional Wellness Centers typically provides only general treatment updates unless there is a risk of harm or another legal exception. Clinicians will discuss any necessary disclosures with the minor beforehand.
- A treatment summary may be provided to parents/guardians at the end of services if necessary.



## **Telehealth Services**

If I engage in telehealth services, I understand:

- Telehealth sessions will be conducted via secure video or phone communication, but absolute security cannot be guaranteed.
- I should participate in sessions in a private location and use a secure internet connection to protect confidentiality.
- If technical issues arise, the session may be switched to a phone call to avoid cancellation fees.
- Telehealth services may not be suitable for individuals with severe symptoms or altered mental status.

## **Our Clinical Team & Training Program**

InMindOut Emotional Wellness Centers is staffed with licensed mental health professionals, including:

- Psychologists (PsyD and PhD)
- Licensed Professional Counselors (LPC)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Clinical Social Workers (LCSW)
- Licensed Chemical Dependency Counselor (LCDC)

Additionally, our clinicians hold specialized certifications, such as National Certified Counselor (NCC), Certified Clinical Trauma Professional (CCTP), Certified Sex Offender Treatment Specialist (CSOTS), and Licensed Sex Offender Therapy Provider (LSOTP).

InMindOut is committed to the education and training of early-career mental health practitioners. In addition to licensed clinicians, our team includes Postdoctoral Fellows, Practicum Students, Interns, Licensed Professional Counselor Associates (LPC-A) and Licensed Master Social Worker (LMSW), all of whom work under the direct supervision of licensed professionals (PsyD, LPC-S, LCSW-S, etc.) to ensure ethical and competent care.

Postdoctoral Fellows hold a doctoral degree and engage in mentored training to develop skills for independent practice as psychologists. Practicum Students and Interns are completing their degrees in clinical or counseling psychology and receive structured supervision.

## **Payment Responsibility & Insurance**

- I understand that I am responsible for payment of services provided to me, including any co-pays, deductibles, or out-of-pocket costs not covered by insurance.
- If I fail to provide payment as agreed, InMindOut reserves the right to seek reimbursement through collections or legal means.
- Some insurance plans require prior authorization and may limit the number of covered sessions. I understand that I am responsible for any services not covered by my insurance.

## **How We Communicate with You**

We may use client contact information and past service history to provide relevant service updates, mental health resources, and promotional materials about services that may benefit our clients. Information is not shared with third parties for marketing purposes. Clients may opt out of these communications at any time by submitting a written request or using the unsubscribe feature in electronic communications. Opting out does not affect a client's ability to receive services.



### **Emergency & Crisis Services**

InMindOut Emotional Wellness Centers does not provide emergency crisis services. If you are experiencing an emergency, **call 911**, contact your family physician, or go to the nearest emergency room. You may also call or text the **Suicide & Crisis Lifeline at 988** for free, 24/7, confidential support.

### **Right to Refuse or Withdraw Consent**

I understand that I have the right to refuse or withdraw consent for treatment at any time. If I choose to discontinue services, I am encouraged to discuss my decision with my clinician to facilitate appropriate transition planning.

### **Acknowledgment & Signature**

By signing below, I acknowledge that:

- I have read and understand this General Consent for Treatment and had an opportunity to ask questions.
- I understand that treatment outcomes cannot be guaranteed, and that confidentiality has legal limits.
- I voluntarily consent to receive treatment from InMindOut Emotional Wellness Centers.

If signing on behalf of a minor:

- I confirm that I have the legal authority to consent to treatment for the minor.

Client Name (Printed): \_\_\_\_\_

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

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

If applicable:

Parent/Legal Guardian Name (Printed): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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