

F a m i l y C h o i c e s C o u n s e l i n g C e n t e r

CONSENT FOR ADMISSION

I, _____ Client and/or _____, Legal Guardian (if applicable by law) voluntarily consent to admission to Family Choices Counseling Center for the purpose of treatment. My right to refuse to consent to my admission and treatment was fully explained to me. I agree to participate fully in my therapy and follow my treatment plan and program based on my individual needs as determined by myself and my therapist.

I understand Family Choices Counseling Center and or my therapist under Family Choices Counseling Center has the right to determine non-compliance with the Treatment Plan and recommend my administrative discharge with referrals to other agencies.

I understand that if I am seen by a therapist who is a Licensed Mental Health Counselor (LMHC) my client record including assessment, Treatment Plan, data collection and other pertinent and related information might be shared with the supervisor of said LMHC for the sole and expressed purpose of the provision of clinical supervision.

I understand my records will not be released to any party without my written consent except under the following circumstances as per the federal Freedom of Information Act, the New Mexico Mental Health Code and New Mexico Failure to Warn statutes: 1. Receipt by Family Choices Counseling Center or its representatives of a valid subpoena from a court of law, 2. Upon the disclosure of information by Client of intent of grave self-harm or intent to inflict grave harm onto others, 3. Upon the disclosure of information of abuse and/or neglect.

It has been explained to me, and I understand, I have the right to request discharge from Family Choices Counseling Center at any time during my treatment.

S I G N A T U R E S

CLIENT:	DATE:
LEGAL GUARDIAN:	DATE:
THERAPIST:	DATE: