



The Northwest Catholic Counseling Center

Providing help, creating hope...

Informed Consent and Notice of Privacy Practices

This Consent Form is to provide an explanation of treatment, the risks associated with treatment, and The Notice of Privacy Practices for Protected health information (PHI) regarding _____.

(Print name of person to receive services)

In addition to the above reasons, this form is to also give consent for treatment at The Northwest Catholic Counseling Center (NCC). When we use the word “I” or “me” below, it will mean yourself, your child, relative, or other person you have legal guardianship of and for whom you can give consent to share information and to receive treatment.

I understand that as a client of NCC, I am eligible to receive a range of services. The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to establish the best course of treatment. The information you provide will remain confidential with some exceptions allowed by law and the prescriber and/or counselor code of ethics as described in the remainder of this document.

While getting services at NCC, it may be necessary for staff to communicate, consult, or coordinate with other NCC staff. Written authorization for such communication within NCC will not be requested. Prior to any discussion with other NCC staff, I understand that I will be informed as to what communications will be exchanged. In other circumstances for exchanging information outside of NCC, a written consent to release information will be obtained from you.

I further understand that there are specific exceptions to keeping confidentiality where a clinician is ethically and/or legally bound to take necessary steps to prevent harm to myself or to others:

1. When there is risk of harm to myself or someone else.
2. When there is suspicion that a child, person with a disability, or an elder is at risk of or is being sexually, physically, or emotionally abused or neglected.
3. When a valid court order is issued for disclosure of information or records

I understand that while mental health services, assessments, and/or medication, may provide significant benefits, they may also pose certain risks. Counseling and assessments may elicit uncomfortable thoughts and feelings or may lead to the recall of troubling memories. Change may occur for the individual in treatment. The family or other relationships may resist the changes made. Assessments may reveal the need for more intensive treatment. Medications may have unwanted side effects.

(Signature required on second page)

A State Certified Counseling Agency

Donations are tax-deductible. Tax ID 93-1088966

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www.nwcounseling.org

The PHI we collect is used for treatment, consultation, billing, and care coordination, therefore, the law allows us to share this information with others who also provide treatment for you or to arrange payment for your treatment or for other business or government functions such as demographic data collection. The Notice of Privacy Practices explains in more detail your rights and how we are able to use and share this information. You received a copy of The Notice of Privacy Practices with your intake paperwork.

In the future, Federal law may require additional changes to our Notice of Privacy. If so we will notify you if you are still an active client at the Center. Any change will be posted on our web site, www.nwcounseling.org.

If you are concerned about some of your information, you have the right to ask us not to use or share that information for treatment, payment or administrative purposes. You will have to make your request in writing. If it is in regards to sharing information for payment purposes, you may be held responsible for payment. We will attempt to respect your wishes when in compliance with Federal law.

Signature of client or his or her representative

Date

Printed name of client or personal representative

Please initial: _____ I received a copy of the Notice Of Privacy Practices

For Clinician use only: _____ I have verbally discussed exceptions to confidentiality with client.