BARBRA ROGOFF, LCSW

Psychotherapist

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CONSENT AND AGREEMENT FOR TREATMENT

(PLEASE COMPLETE & RETURN THIS PAGE TO THE OFFICE)

I authorize and request that Barbra Rogoff, LCSW carry out mental health examinations, treatments, psychotherapy sessions, and/or diagnostic procedures, which during the course of my care she believes are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable and that results are not guaranteed.

Agreement and Consent

In signing this, I acknowledge:

- I have received, read, understood and I agree to all information provided in the Information and Practice Policies and this Consent for Agreement for Treatment.
- I agree to any authorizations, consents or releases disclosed in this Information and Practice Policies and this Consent for Agreement for Treatment, and to cooperate with Barbra Rogoff, LCSW with any additional authorizations, consents, or releases which may arise during my course of treatment.
- I understand and accept the effect on confidentiality should I choose to use insurance or other third party coverage.
- I consent to treatment by Barbra Rogoff, LCSW.
- I voluntarily enter into therapy with Barbra Rogoff, LCSW.
- I may withdraw from treatment at any time unless treatment is court ordered.
- I am 18 years of age or over and have not been declared incompetent by a court of law, or;
  - I am the parent/legally-appointed guardian or other authorized representative of the client to be treated, if such client is 17 or younger, or;
  - Although under 18 years of age, I am legally empowered to consent to treatment per the conditions outlined in the North Carolina General Statutes.
- I am financially responsible to Barbra Rogoff, LCSW as described in the Information and Practice Policies and this Consent for Agreement for Treatment for services and treatment rendered to me or my child, as appropriate.
- I understand therapy is a joint endeavor between the therapist and client, and specific results are not guaranteed.
- I understand that effective counseling involves my attending regularly scheduled counseling appointments and talking openly with my therapist.
- My therapist will inform me of any possible risks in my seeking therapy and will work with me in determining the best course of treatment.

- ♦ I understand I will be informed if my therapist believes counseling is not appropriate for my circumstances or that I should be referred elsewhere.
- ♦ I understand I have the right to have any tests, procedures, and recommendations explained to me in simple terms, and I have the right to refuse such tests, procedures, or recommendations.

This form is an agreement between ___________________________, and Barbra Rogoff, LCSW.
Client's Name

I acknowledge that the information contained in the Information and Practice Policies and this Consent for Agreement for Treatment has been made available to me, explained to me, or read by me and that it was presented in clear non-technical language. My signature affirms that the information is understood by me, enables me to make an informed voluntary consent to this treatment, and that I Consent and Agree to all terms set out hereinabove.

___________________________________ ___________________________________
Signature of Client Date

___________________________________ ___________________________________
Signature of Client/Guardian (if applicable) Date