

ALMA COUNSELING CENTER
109 Fairfield Way, Suite 106 A, Bloomingdale, IL 60108

INFORMED CONSENT

Thank you for choosing Princy Shyam MA.,MSW.,LCSW as your counselor. Today's appointment will take approximately 50 to 55 minutes. We realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, State and Federal Laws and your rights. If you have other questions or concerns, please ask and we will try our best to give you all the information you need. Princy has earned her Masters in Humanities from University of Kerala, India, and Masters in Social Work from Loyola University, Chicago, IL. She is licensed by the State of Illinois as a Licensed Clinical Social Worker. She has a vast clinical experience in treating adults, adolescents, and families using individual and family therapy. Princy practices standard cognitive behavioral therapy for most conditions, although other treatment approaches are used depending on the person or condition. Treatment practices, philosophy and plan limitations and risks will be discussed with you today.

CONFIDENTIALITY AND EMERGENCY SITUATIONS: Your verbal communication and clinical records are strictly confidential **except** :

- (a) for information (diagnosis and dates of service) shared with your insurance company to process your claims.
- (b) for information you and/or your child or children report about physical, sexual abuse or elder abuse; then, by Illinois State Law, I am obligated to report this to the Department of Children and Family Services.
- (c) where you sign a release of information to have specific information shared.
- (d) if you provide information that informs me that you are in danger of harming yourself or others.
- (e) information necessary for case supervision or consultation.
- (f) when required by law. If an emergency situation for which the client or their guardian feels immediate attention is necessary, the client or guardian understands that they are to contact the emergency services in the community (911) for those services.

Princy will follow those emergency services with standard counseling and support to the client or the client's family.

Signature(s) _____ *Date:* _____

NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS: I / We have read and received a copy of the, Notice of Privacy Practices and Client Rights document.

Signature(s) _____ Date _____

May we contact you at home? (Circle one) Yes No
May we contact you at work? Yes No
May we contact you by cell phone? Yes No
Where may we contact you? _____

CONSENT FOR TREATMENT OF CHILDREN OR ADOLESCENTS:

I/We consent that _____ maybe treated as a client by Princy Shyam. It is understood that children over the age of 12 have confidentiality protected by law. At times it may be necessary to schedule appointments during school hours. We ask for your cooperation to provide the most timely treatment for you and your children. This consent to treat expires at the end of treatment or if revoked in writing.

Signature(s) _____ Date _____