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## CONSENT TO TREAT Client Rights

Name:			Date:	
			f understand and participa results because of your in	
			ghts as any person excep	
			services have certain trea	
				ment of rights for all clients
	ents have the Right to		dono. I ollowing to a state	ment of rights for all ellerits
*			courtesy and receive cultu	rally appropriate and
*		he least restricte	ed appropriate setting, sub	oject to available
*			ods, techniques, and durato you.	tion of treatment, and, if
*		ed service plan,	be a partner in its develor	oment and any changes,
*	Seek a second opini	on from another	therapist (at your expense	e).
*			nd licenses of clinical pers	
*	Refuse or stop service emergency exists.	ces or treatment	from this therapist at any	time except when an
*	Be given information	about my fee st	ructure and financial polic	ies.
*	See your records or	designate in wri	ting someone to review the	em.
*	Have your records a confidential. There a Portability and According to the confidence of the confidenc	nd the information are exceptions to untability Act (HI ad/or others, gra	on provided by you in ther to this confidentiality in the PPA) Privacy Notice. Exc ve disability, and in cases	apy sessions kept Health Insurance ceptions include being a
*			to do if you have a compla	aint or a grievance.
psycho Denve <u>relatio</u>	otherapy. The State r, Colorado, 80202. nship, sexual intima	Grievance Boa Their phone nu	Agencies regulates the p rd is located at 1560 Bro mber is 303.894.7766. <u>Ir</u> ropriate and should be i	oadway, Suite 1340,
Board.	<u>.</u>			
		Cons	sent to Treat	
			rights. I agree to participa d of her degrees and profe	ate in treatment with Susan essional credentials.
Client's	s Signature	Date	Witness	Date

Reason client did not sign

Parent/Legal Guardian

Date