



Ker Cleary, M.A.
Clearheart Counseling

541.349.0595 1679 Willamette Street Eugene, OR 97401

Permission to Treat

I authorize Ker Cleary, MA, to provide counseling services to me. I understand that I may ask questions at any time. I affirm that my request for services is voluntary and that I may discontinue at any time, but that I am responsible for payment for the services rendered to me.

I understand that there may be periods during the course of counseling when I experience emotional discomfort, changes in my relationships, and temporary worsening of symptoms. I understand I may request, at any time, a review of treatment progress from my counselor. I can also refuse any treatment with which I am uncomfortable. I am aware that counseling is not an exact science and that predictions of the effects are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures provided by my counselor.

I am aware that any cancellations of appointments must be made more than 24 hours in advance of the appointment. If I miss or do not cancel in time, I will be charged the full fee for that appointment.

I understand that my counselor, Ker Cleary, is a qualified mental health professional. I understand that she is not licensed by the state of Oregon and does not accept insurance payments. I understand that I am the holder of privilege within the client-counselor setting. This means that information discussed during counseling is confidential and that no information about my case can be released to anyone without written authorization from me.

I further understand that, by law, the following exceptions exist to the client-counselor privilege of confidentiality: counselors must report knowledge of child abuse or suspected child abuse to the authorities; counselors have a duty to warn intended victims if a threat of physical harm from a client is judged to exist; a client's serious threat of self-harm will also be reported. I understand that if my counseling becomes an issue in a court proceeding that the judge may order confidential information disclosed. I understand my counselor will not volunteer such information within a court without my express written permission. I understand that if a judge orders such disclosure within the court, my counselor will obey the order.

I understand that my counselor may discuss elements of our work together in confidential settings with a supervisor for the purposes of learning and better service. I understand my name will not be used and potential identifying elements will be changed in these circumstances.

I have received, read and understand the "Financial Agreement" and "Informed Consent" information sheets, and agree to abide by the policies outlined therein. I certify that I have read, and had explained to me where necessary, fully understand, and agree with the contents of this Consent to Treatment.

Client Signature

Date

Print Name