Informed Consent for Treatment

Hope & Healing with Cara
Cara de Boer, LPCC, LMHC

I hereby voluntarily consent to participate in behavioral health services provided by Cara de Boer, LPCC, LMHC through Hope & Healing with Cara. Services may include, but are not limited to, counseling, psychotherapy, mental health assessment, treatment planning, psychoeducation, and telehealth services when applicable.

I understand that the purpose of therapy is to support emotional wellness, personal growth, and mental health treatment goals. The nature, potential benefits, possible risks, and alternatives to treatment have been explained to me, and I have had the opportunity to ask questions regarding services.

I understand that:

- Participation in therapy is voluntary.
- I may discontinue treatment at any time, except where otherwise restricted by law or professional responsibility.
- No specific results or guarantees regarding outcomes of treatment can be promised.
- Therapy may involve discussing difficult or emotional experiences that could temporarily increase uncomfortable feelings such as sadness, anxiety, frustration, or emotional distress.
- My provider may recommend referrals, additional services, or alternative treatment options if clinically appropriate.

I understand that confidentiality is an essential part of therapy services. My provider will protect the privacy of my health information in accordance with applicable federal and state laws, including HIPAA, and professional ethical standards. I understand that there are legal and ethical exceptions to confidentiality, including but not limited to:

- Risk of serious harm to self or others
- Suspected abuse or neglect of a child, dependent adult, or elder
- Court orders or other legal requirements
- Certain healthcare operations, billing, or business functions permitted by law

I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices.

Revocation of Consent

I understand that I may revoke this consent to treatment in writing at any time. Revocation will not apply to services already provided or financial obligations already incurred prior to the date of revocation.

Acknowledgment & Signature

By signing below, I acknowledge that:

- I have read, understand, and agree to this Informed Consent for Treatment.
- I have had the opportunity to ask questions and receive clarification.
- I voluntarily consent to treatment services provided by Hope & Healing with Cara.

Client Name: _____

Client Signature: _____

Date: _____