



Informed Consent to Treatment

1. In signing my name below, I acknowledge that I am giving my informed consent to treatment at the Black Mountain Counseling Center, 201 N. Ridgeway Ave, Black Mountain, NC 28711.

2. I understand that all information regarding this work will remain confidential and will not be shared with others outside of the Black Mountain Counseling Center without my consent. I understand that my counselor may receive supervision for my case and may need to discuss information about my case with the supervisor.

3. I also understand that there are conditions under which this confidentiality must be broken and information be shared with the appropriate individuals. These conditions are as follows:
 - a. If there is suspicion that a child is being abused;
 - b. If there is evidence of physical abuse of elder or dependent adult;
 - c. If I am making serious physical threat against others or myself.

4. I understand that the fees for service at the Black Mountain Counseling Center will be based on insurance requirements and/or a sliding scale in discussion and agreement with my counselor. I will call to cancel scheduled appointments twenty-four (24) hours ahead of time. If I fail to show for appointments or make contact with my counselor for three consecutive attempts, I may be referred elsewhere for services. This is dependent on the circumstance of both the client and the mental health provider.

5. I have been informed about the procedures in which I and/or my children will participate at the Black Mountain Counseling Center, including length of treatment, confidentiality and exceptions to confidentiality, and nature of the treatment or other procedures. These procedures may include individual, group or family psychotherapy or counseling, traditional counseling and psychological testing.



6. I am giving consent to my voluntary participation in therapeutic groups run by a counselor from the Black Mountain Counseling Center if that is part of my treatment plan. I understand that what is shared in group must be kept confidential. It must not be shared outside the group with anyone unless the group as a whole gives permission.

7. I understand that, in a mental health crisis that occurs after regular office hours, I may contact my counselor directly or call the Black Mountain Counseling Center after hour's number (828-333-1001) and speak to the on-call counselor or contact Mobile Crisis (888-573-1006). I understand that in a medical emergency I should contact 911, my primary care physician, or go to the nearest emergency room. I authorize BMCC employees or contract employees to seek emergency medical care from a physician or a hospital if deemed to be appropriate.

8. I understand that I may decline further participation at any time.

Client Signature _____

Date _____

Clinician/Counselor _____

Date _____

Parent/Guardian _____

Date _____