



PERSONALIZED INTENSIVE OUTPATIENT PROGRAM CONSENT FOR TREATMENT

This consent confirms your agreement to participate in a personalized intensive outpatient program at The Center for Relational Healing (CRH) and that you give permission to the staff to provide psycho-education, psychotherapy services, coaching and adjunctive therapies.

CLINICAL ORGANIZATION

The clinical staff works as a treatment team and consults together. As an IOP participant, you authorize the exchange of information between clinicians in order to provide the most effective treatment.

CONFIDENTIALITY

Under most circumstances, all communication between you and your therapist is confidential, unless permission is given by you to convey information to a third party. There are certain exceptions to this:

- When there is a reasonable suspicion of child abuse, dependent-adult or elder abuse.
- When a client threatens violence to an identifiable victim.
- When a client presents a danger of violence to others.
- When a client is likely to harm him/herself unless protective measures are taken.
- When a client states that he or she has downloaded, streamed or accessed through any electronic or digital media depictions in which a child is engaged in an act of obscene sexual conduct.

CONTACTING THERAPISTS

During the duration of the IOP your therapist may be reached by phone or email between 9am and 7pm. All emails or phone calls received during those hours will be responded to as quickly as possible. You may send emails and/or leave messages after 7pm but please be aware that you may not receive a response until the following morning. If you have a life-threatening emergency, dial 911 or go immediately to the nearest emergency room.

I have read, understand and agree to the authorization stated above

Signature: _____ Date: _____

Printed Name: _____