**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MCS Therapy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**609 W Cottonwood Lane Suite 1 Casa Grande, AZ 85122 ph. 520.251.5166 fax 520.413.5787**

**INFORMED CONSENT**

I understand that it is my choice to receive therapeutic services from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At this time. My participation is voluntary and I can terminate this treatment at any time. The only exception to this is in the event of this treatment being court ordered.

I understand that therapy is a type of treatment that attempts to deal with communication and language disorders, mobility disorders of the fine or gross motor skills. Counseling is an attempt to deal with life issues and all are cooperative ventures between me and my therapist. I understand that it is expected that I will actively participate in my therapy and agree to complete homework assignments in a timely manner.

I have rights as a patient that include the following:

1. I have the right to a treatment plan that is explained to me and of which I will be given a copy.
2. I have the right to review my records and obtain a copy of them.
3. I have the right to full confidentiality except in cases of emergency or in the event that mandatory reporting by the State of Arizona is necessary. These events include threats to myself or others, abuse and/or neglect to children or other unprotected individuals.
4. I have the right to request in writing that the therapist consult with another professional.
5. I have the right to know about procedures that may be used in my therapy and the right to questions their validity, usefulness or effectiveness.
6. I have the right to make my own informed decisions regarding treatment and to discuss with the therapist any issues that I want to have clarified, stopped or modified.
7. I can accept or reject being hugged or touched within appropriate boundaries and doing so will not jeopardize my treatment in any way.

I have read (or been read) these rights as a client/patient as stated and agree to participate in therapy under these conditions.

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