

**Counselor Kate, LLC
Kate O'Hara Park, MA, LPC, RPT
210 Clarkson Executive Park
Ellisville, MO 63011
314 609 6772**

Consent to Treatment Form

Confidentiality;

I understand that the services provided to me by Kate O'Hara Park are confidential except under specific circumstances; information collected during interviews and sessions can only be discussed in closed supervision meetings. I am aware that there are some circumstances under which Counselor Kate is required or permitted by law to release information. These circumstances include instances of suspected child abuse or neglect, in situations in which there might be danger of harm to myself or others, or in response to court orders or subpoenas. I understand that in all other circumstances, however Kate O'Hara Park will carefully maintain my privacy.

Releases;

I hereby authorize Counselor Kate to release information necessary for billing, financial or chart audits, quality assurance reviews and for collection of nonpayment of charges. This release will be valid until I am not longer receiving services from Kate O'Hara Park and my account is settled. I also understand that the release of any other information will require my written consent.

Consent to Treatment /Assessment;

I have discussed any questions with Kate O'Hara Park. Thus with understanding of the above I hereby consent to accepting assessment, treatment and/or care from Kate O'Hara Park.

For Minor Receiving Services;

I understand that I have the right to participate in my child's treatment and to speak with Kate O'Hara Park regarding my concerns.

Signature of Patient/Legal Guardian

Date

Relationship to Patient

Signature of Kate O'Hara Park, MA, LPC, RPT (registered play therapist)

Date

