Client _____

Davis Massage & Wellness
Susan Davis, MSW, CMT, RM
168 Battery Street, Burlington, VT 05401
802-373-3420
davismassageandwellness.com

CLIENT'S INFORMED CONSENT

I have chosen to receive treatment services with Susan Davis, MSW, CMT, RM. My choice has been voluntary and I understand I may terminate at any time.

I understand that there is no assurance that I will feel better and that psychotherapy is a cooperative effort between myself and my therapist. I will actively work with my therapist to resolve my issues.

I understand that during my course of treatment, we may explore issues which may be upsetting in nature and that this may be necessary to help me resolve my problems.

I understand that confidentiality of records of information collected about me will be held or released in accordance with state and local laws regarding confidentiality with such records and information.

I understand that state and local laws require my therapist report all cases of abuse, neglect of minors or the elderly, as well as all cases in which there exists a danger to self or others.

I understand that there may be other circumstances in which law requires my therapist to disclose confidential information.

I understand that my therapist may disclose any and all records pertaining to my treatment for the purposes of billing/claims processing, supervision and case management, or coordination of treatment.

I understand that I can revoke my consent at any time except to the extent that treatment has already been rendered, or that action has been taken in reliance on this consent, and that if I do not revoke this consent, it will expire automatically one year after all claims for treatment have been paid.

_____

Client's Signature Date

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Clinician's Signature Susan Davis, MSW Date