

## CONSENT TO TREATMENT AND YOUR RIGHTS AS A CLIENT

As a client, you have the right to appropriate care and protection. State and Federal laws and regulations guard your confidentiality. You may also have other rights, which are listed below. Read carefully and be sure to ask Elizabeth if you have any questions about them.

1. Consent to Treatment: I understand that Elizabeth Valsala will explain the nature of the treatment to be provided, the expected benefits and risks, and alternatives available. I also understand that although a reasonable standard of care will be provided, improvement, though expected, is not guaranteed.
2. Confidentiality and Release of Information: I understand that information concerning my contact with Elizabeth Valsala will be held confidential to protect my right to privacy. I further understand that such information will not be disclosed without my written permission, or that of my legal guardian, **except** under special circumstances such as:
  - a. If I threaten to injure myself or someone else;
  - b. When such information is required by law to be reported, such as information regarding abuse, neglect, molestation or exploitation of a minor, incapacitated adult, elder person 65 or older, or in the case of a court order;
  - c. For medical emergency.
3. I understand and have the right to:
  - a. Privacy
  - b. Considerate care that respects my privacy and individual needs
  - c. Information about my assessments and treatment
  - d. Make my care decisions before and during the course of treatment
  - e. Refuse a recommended treatment or plan of care
  - f. Expect Elizabeth Valsala to treat all communications and records about my care confidentially
  - g. Expect continuity of care and be told about choices that are provided outside of this agency
  - h. Appropriate recognition and consideration of my spiritual and cultural values
  - i. Review my assessment and treatment records.

Having been informed of my rights as a client, I hereby give my consent for assessment and treatment.

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Client or legally authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Elizabeth Valsala, Reiki Master, Provider

\_\_\_\_\_  
Date