**Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Keystone Mental Health**

**Limits of Service/Assumption of Risk**

**Limits of Services and Assumption of Risks:**

Psychotherapy can have benefits and risks. Psychotherapy sessions often involve discussing unpleasant aspects of your life, which may lead to uncomfortable feelings of sadness, quilt, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has been shown to reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. There are no guaranteed outcomes of therapy.

**Crisis and Emergencies:** If you are in need of emergency mental health services, please go to your local emergency room or call 911 for help. HealthSource provides a 24/7 crisis hotline (785-234-3300). Mental Health of America of the Heartland provides a warm line that can be utilized for situations that do not involve a risk of harm to self or others. The Warm line-1-866-927-6327 is available 7days a week from 4:00pm to 10:00pm.

**Out of Session Contact:** If you need to contact your provider between sessions, please leave a message on the Keystone Mental Health voicemail-785-581-1801. You can also contact your provider by email at keystonemh@yahoo.com and a clinician will get back to you as soon as possible. Keystone Mental Health returns calls/emails between 9:00am and 6:00pm.

**Litigation Limitation:** Keystone Mental Health does not participate in any court proceedings or provide any documentation (written records, summaries of services, participation in services, etc.) to the court or private attorney’s.

**Limits of Confidentiality:**

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

* **Duty to Warn and Protect:**

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

* **Abuse of Children and Vulnerable Adults:**

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

* **Minors/Guardianship:**

Parents or legal guardians of non-emancipated minor clients have the right to access the client’s records.

* **Insurance Provider:**

Insurance companies and other third-party payers are given information that they request regarding services to the clients. The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

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 Client Signature (Client’s Parent/Guardian) Date