

Oak Family Counseling  
4525 Hedgemore Drive Suite H  
Charlotte, NC 28209  
(704)451-5534  
oakfamilycounseling@gmail.com

## Consent for Treatment

I, \_\_\_\_\_, consent for mental health treatment to be provided to me and/or my child: \_\_\_\_\_ by Diana Levitt at Oak Family Counseling.

- I understand that except in certain circumstances, the services provided by Oak Family Counseling will be confidential in nature.
- Oak Family Counseling has a duty to warn and protect when a client indicates he/she has a plan to harm him/herself or another party.
- Oak Family Counseling will not release information about me or my child or his/her treatment without my written consent. Diana Levitt is the only individual who has access to my therapy record. If at some time in the future a 3rd party billing agent is contracted you will be notified.
- I understand that Oak Family Counseling must report suspected abuse/neglect of children and dependent adults.
- I understand that I have the right of access to my/my child's therapy records unless doing so would be harmful to me or my child.
- I understand that in certain circumstances Oak Family Counseling may be required by court order to release my/my child's records.
- I understand that some information about my/my child's diagnosis and/or treatment may be required by third party payers such as insurance. Please see Notice of Privacy Practices for more information.

By signing below, I indicate that I understand these guidelines and give permission to provide mental health services to myself and/or my child.

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Client's Signature

Date

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Parent/Guardian's Signature

Date

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Therapist's Signature

Date