

Raven Counseling Services

3644 Norwood Rd.

Shaker Hts, OH 44122

216-921-1005

Consent to Treatment

Karen Raven is a licensed professional clinical counselor in the state of Ohio engaged in private practice providing mental health services. She is licensed by the Ohio Counselor, Social Worker, Marriage and Family Therapist Board. Any complaint that cannot be resolved with her personally can be directed to the licensing board at 614-466-0912.

Appointments are made or cancelled by phoning the office at 216- 921-1005.

Your relationship with Karen Raven is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that Karen Raven have no other type of relationship with you. Because of this, Karen Raven will not receive gifts or gratuities of any sort.

The law protects the privacy of all communication between a client and a therapist. In most cases, confidential information will only be released after a consent to release medical information form has been signed. This form may be revoked at any time and must be done in writing. The following are exceptions to this protection: a court subpoenas a client's medical records, a client threatens to harm self or others, the therapist suspects that a minor is being abused or neglected.

Your therapist can assist you with filing a medical insurance claim. Signing this form below authorizes Karen Raven to release any information to your insurance company that is necessary to receive reimbursement for therapeutic services.

If an account is unsettled after reasonable attempts have been made to collect the fee, the balance of your account will be billed to the credit card on file with Raven Counseling Services.

In the event that you cannot reach Karen Raven and you have an urgent need to speak with a therapist, phone mobile crisis at 216-623-6888. A client experiencing an emergency should phone 911 or go to the nearest hospital emergency room.

I have read the client rights document or have had it read to me. I fully understand my rights as a client of Raven Counseling Services including the right to and limitations of confidentiality. I hereby request service from Raven Counseling Services.

Signature of client/Date

Witness

Signature of legal guardian/Date

Witness