

Bright Horizons Counseling Services, LLC
556 Garrisonville Road, Suite 212
Stafford, VA 22556

Informed Consent to Treatment

I, _____, (name of client or guardian as applicable), agree and consent to participate in art therapy health care services offered and provided by Kandra Orr, MS, ATR-BC, a Board Certified Art Therapist. I understand that I am consenting and agreeing only to those services that Kandra Orr is qualified within: (1) the scope of the provider's certification and/or training; or (2) the scope of the license, certification, and training of the behavioral health providers directly supervising the services received by the client.

Professional Services

As a client of this office, you are entitled to be treated in a professional and respectful manner. Although in psychotherapy there are no guarantees for success, you are entitled to prompt attention to your needs and competent services provided by a duly accredited mental health professional.

Risks in Treatment

Although psychotherapy is designed to improve the overall quality of life, the process at times involves the discussion of emotional issues that may be distressing. The greatest risk involved in this kind of treatment is often that the treatment provided may not be as effective as you hoped. If this should occur, you are encouraged to discuss this with me so that we can work together to come to a mutually agreeable solution. Success in attaining treatment goals will also depend upon the client's motivation during the course of treatment.

My signature indicates that I have read the above office policies and consents, and agree to abide by these terms during our professional relationship. The undersigned understands that he/she has the right to:

- Be informed of and participate in the selection of treatment modalities.
- Receive a copy of this consent.
- Withdraw this consent at any time.

If the patient is under the age of 18 or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent to treatment on behalf of this individual.

Signature of Client/Legal Guardian

Date