

## **Interfaith Counseling Center**

240 Rodes Avenue  
Lexington, Kentucky 40508  
859, 258-2060

### **Consent For Treatment**

Interfaith Counseling Center seeks to provide quality pastoral, psychological counseling and therapy to individuals, families, and groups. Our staff includes a variety of therapeutic disciplines including pastoral counselors, marriage and family therapists, social workers and psychologists.

The information contained in your records is kept confidential. Therefore, your identity will be coded numerically on any statistical information. Case conference meetings may be held with the therapists. During a case conference, only first names are used, therefore the anonymity of the client is protected.

Clinical records and other information will be confidentiality managed by Interfaith Counseling Center. No information will be transmitted to any other individual or agency without the express permission of the client involved, except as required by law under KRS 620, KRS 202A, or by court order.

Payment of fees is generally accepted at the end of each appointment by check or cash with receipts given. If other fee payment is necessary, this should be discussed with the therapist or Director of the Center.

I have read and considered the above information. I have been given the opportunity to ask questions about the information in this form, and my questions have been answered to my satisfaction. I voluntarily give my consent to accept treatment provided by Interfaith Counseling Center as set forth in this document.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_