

## CONSENT FORM

A VISION OF SELF, LLC

Dr. Alma Villegas, Ph.D.

Founder/Clinical Director

I consent to receive text messages or emails from Dr. Alma Villegas-Schwalbenberg, Ph.D. (my "Provided") and their agents on my cell phone or other devices. I understand that text messages and emails sent by Provider may include appointment reminders or changes in previously scheduled appointments or may provide advice or education.

Provider does not charge for this service, but I understand that standard text messaging rates may apply as provided in my wireless plan. I have been advised that I may contact my carrier for pricing plans and details.

I understand that I may revoke my request for further communications via text or email at any time by notifying my Provider in writing. However, if I continue to communicate with my Provider via text or email, my Provider can assume that my consent remains valid.

Because e-mails sent over the Internet or texts sent over the control channel without encryption are not secure, I understand the risks associated with e-mail and text messaging, including, without limitation, that e-mails and text messages could be intercepted by unknown third parties; e-mail content can be changed without the knowledge of the sender or receiver; backup copies of e-mail may still exist even after the sender and receiver have deleted the messages; and e-mail can contain harmful viruses and other programs.

My Provider has recommended that I delete all text messages or emails as soon as possible after reviewing them to limit any unauthorized exposure.

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PRINT NAME/SIGNATURE/DATE

## **Consent for Treatment and Limits of Liability**

### Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any "cures" cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

### **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 threaten 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.

#### ***Prenatal Exposure to Controlled Substances***

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

#### ***Minors/Guardianship***

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

#### ***Insurance Providers***

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 meaning and ramifications.*

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Client Signature (Client's Parent/Guardian if under 18)

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Date