

PAMELA BASS COUNSELING SERVICES, PC.
11330 "Q" Street, Suite 230, Omaha, NE 68137 (402) 960-1652

TREATMENT AGREEMENT: CONFIDENTIALITY & CONTRACT:

My signature below indicates that I understand & agree that Pamela A. Bass, MSW, LCSW, is providing therapeutic mental health services to myself and/or my child, _____ . I understand that my child's trust in her provider is essential to the therapeutic process. Therefore, I agree that:

Everything said in the therapy session is confidential except the following three conditions: (1) I am made aware that you are going to hurt yourself (suicidal ideation); (2) I am made aware that someone is or will hurt someone else (homicidal ideation); (3) I am made aware of a child/adult has been/is being abused or neglected.

I also understand that: (4) My child's other parent, unless his/her parental rights have been terminated, or otherwise limited by law, may be given the same information & recommendations regarding my child that I am given. They may also make an appointment to review my child's treatment records with me. (5) I will **not** request that any treatment records be released to my attorney. (6) My attorney will **not** request the provider's testimony or deposition in the event of a legal dispute.

Please be advised that I am a mandated reporter and am obligated under law to report to the authorities if any of the above items (#1-3) are mentioned. Other than those, I can disclose no information to anyone unless you, the client, sign a Release of Information Form. I have also received Pamela Bass Counseling Services' Privacy Notice.

CAUTIONS:

Engaging in therapy may cause additional stress, depression or anxiety, but should decrease as therapy continues. **Pamela A. Bass, MSW, LCSW** comes from a Christian worldview. I have 20+years of experience and have worked with a number of diverse clientele who do not have the same worldview. If you have any concerns, please discuss them with me.

EMERGENCIES:

An emergency is defined by "a sudden and unexpected occurrence or situation that demands immediate action". Having continuous suicidal or homicidal thoughts is an emergency. Please call 911 if you have any suicidal/homicidal thoughts.

I HAVE READ & UNDERSTOOD THIS CONTRACT & AGREE TO IT.

----- Client's printed name	----- Signature of Client/Guardian	----- Date
----- Witness's printed name	----- Signature of Witness	----- Date
