



Consent to Treatment
Effective September 1, 2011

This form outlines risks and benefits of engaging in psychological treatment and your rights as a patient.

I, _____, the undersigned, hereby attest I have voluntarily entered into treatment and/or assessment, or give my consent for the minor or person under my legal guardianship mentioned above to receive treatment, by Eric Gudan, Psy.D, HSPP, the licensed clinical psychologist at Integritas Psychological Services, Inc. (hereafter referred to as "IPS"). I understand I am consenting and agreeing only to those mental health services Dr. Gudan is qualified to provide within the scope of his license as a Clinical Psychologist and Health Service Provider in Psychology in the State of Indiana. I further understand and agree Dr. Gudan may employ a psychological testing assistant under his supervision who will assist him in the process of psychological evaluation.

Patient's Rights

The rights of those who receive psychological services are detailed on the Patient Rights and Responsibilities form which has been provided to me. I understand as a recipient of services, I may get more information from Dr. Gudan. IPS encourages the decision to terminate treatment be discussed with Dr. Gudan. This will help facilitate a more appropriate plan for referral or discharge.

Risks and Benefits

Psychological treatment can have both risks and benefits. Since treatment involves discussing unpleasant aspects of your life, you are likely to experience uncomfortable emotions such as sadness, guilt, anger, frustration or helplessness. Research shows some patients do not improve in therapy and about 10% actually get worse, symptomatically. It can take months to see the benefits of psychological treatment, and there are no guarantees a given patient will improve. Psychological treatment requires considerable effort and suffering from the patient and sacrifices in terms of money and time. Psychological treatment can provide significantly greater insight into the self, better self-integration, better emotional functioning, improvements in personal relationships, better judgment and decision-making, clearer thinking, resolution of specific problems, and symptomatic relief.

All psychological treatment is based on underlying assumptions about what is good, true, beautiful, and meaningful in life. Dr. Gudan bases his practice of psychology on a Catholic understanding of philosophy, anthropology, and theology. He believes respect for

individual conscience and the patient's personal search for truth, goodness, beauty, and meaning are of the highest importance and he does not impose his beliefs on his patients. Thus, his patients do not have to be Catholic or subscribe to the teachings of the Catholic Church to receive treatment. You may request services from someone with training or experiences from a specific cultural or spiritual orientation. If Dr. Gudan cannot provide these services, he will help you in the referral process.

I understand the rights, risks, and benefits associated with treatment which have been explained to me. I understand I may discontinue treatment at any time.

I consent to psychological treatment and agree to abide by the above stated policies and agreements with Dr. Gudan and Integritas Psychological Services, Inc. I understand I can receive a copy of this consent document for my own records upon request.

Patient name (please print): _____

Signature: _____ Date: _____

Signed by: patient parent/guardian personal representative

Witness signature: _____