



ARCHDIOCESE OF  
**NEW ORLEANS**  
Catholic Counseling Service  
**New Patient Consent Form**

I, \_\_\_\_\_, give my permission for the clinical team at Catholic Counseling Service, a ministry of the Archdiocese of New Orleans, to provide counseling services to myself and/or my family.

I understand that my counselor at Catholic Counseling Service will use standard and acceptable therapeutic techniques to assist myself and/or my family in resolving our presenting problem. I also understand that my counselor will not use any techniques that are considered experimental in nature. He/She will practice within his/her knowledge base and area of expertise to help me/us resolve the problem. I also understand that my counselor will make appropriate referrals for counseling (after discussing the issue with me/us) when he/she is unable to provide the therapy required for myself and/or my family to resolve our problems.

I understand and my counselor has discussed the issue of confidentiality with me and/or my family. I accept that he/she will not release information without written consent from me, unless court ordered. I also understand that I may withdraw permission for my counselor to speak or release information to a previously named individual any time I desire.

I understand there are limits placed on confidentiality and that during the course of treatment my counselor may be required by the State of Louisiana to act in the best interest of protecting me and/or a family member, which includes seeking assistance when they or I have disclosed a desire to harm others or myself. I also understand that my counselor will discuss his/her intention to disclose my/our thoughts of harming others or myself prior to taking action to disclose this information to the proper authorities. I have read, understand, and received a copy of the **Notice of Privacy Practices**.

I understand that my counselor could be a clinical intern from a local graduate counseling program and that he/she is receiving supervision from their school and from Catholic Counseling Service. I understand that my counselor may discuss my case with his/her supervisor and that the same limits of confidentiality apply to the supervisor.

My counselor at Catholic Counseling Service has discussed with me that during the beginning of treatment; the problems and desired changes may become worse before the problem is resolved. He/She has also discussed with me the fact that there are times when individuals or families enter treatment and the desired outcome is not the final outcome. I have read, understand, and received a copy of the **Archdiocese of New Orleans Catholic Counseling Service Declaration Statement**.

If, at any time during the course of treatment it is in the client's best interest, or if the client is unsatisfied with the service provided by Catholic Counseling Service, the client can request and expect to be referred to other therapists who could better resolve the client's presenting problem.

\_\_\_\_\_  
Client Print Name(s)

\_\_\_\_\_  
Client Signature(s) and Date

\_\_\_\_\_  
Counselor Signature and Date