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Informed Consent for Psychotherapy

Welcome! This form is intended to help you understand how the office works and how to optimize the effectiveness of your treatment. Please read the form in its entirety. Please do not hesitate to ask me any questions you may have.

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and your repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

Confidentiality refers to your right to privacy. The session content and all relevant materials to the client's treatment will be held confidential unless the client requests **in writing** to have all, or portions, of such content released to a specifically named person/persons. If you need me to communicate with someone else, please discuss the need with me and you must sign a release form **PRIOR** to my sending out any information or speaking with another professional or other individual. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

   In this practice, these circumstances occur very rarely.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

Contact outside the office

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Incapacitation of therapist

In the event of the incapacitation of your therapist, your signature here gives permission to transfer your records to another well-qualified therapist.

INFORMED CONSENT AGREEMENT

I have read this Informed Consent Agreement. My signature indicates that I understand the information, agree with the conditions of psychotherapy that are either stated or implied here, and agree to comply with them. I understand I have the right not to sign this form and can choose to discuss my concerns before psychotherapy begins. I understand that once psychotherapy begins, I still retain the right to withdraw my consent to participate at any time.

If the consent relates to services for your minor child, and if only one parent or legal guardian signs below, your signature shall constitute an affirmative representation of your full legal authority to sign this consent of a non-signing parent or legal guardian.

_____

Client Signature Date

_____

Client Signature Date

_____

Parent Signature (If client is under 14 years of age) Date

_____

Parent Signature (If client is under 14 years of age) Date

_____

Therapist Signature Date