Informed Consent for Counseling Services

**CONFIDENTIALITY:** Everything you say in sessions and written notes are confidential and may not be released to anyone without your written permission except where disclosure is required by law.

**WHEN DISCLOSURE IS REQUIRED BY LAW:** Disclosure is required or may be required by law when there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to me that the you present a danger to others. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

**EMERGENCY:** If there is an emergency and there is the possibility of you injuring yourself or someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law to keep you safe, including contacting your emergency contact person.

**HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS:** Disclosure of confidential information may be required by your health insurance carrier or other third party payer in order to process the claims. Only the minimum necessary information will be communicated to the carrier.

**RECORDS:** The law requires that I keep treatment records for at least 6 years. Upon your request, I will release information to any agency/person you specify unless I feel that releasing such information might be harmful. When more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with signed authorizations from all the adults involved in the treatment.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact your therapist between sessions, please call us at or the number provided by your therapist. If we do not answer, we will return your call as soon as possible. If an emergency situation arises, call 911 or go to your nearest emergency room.

**THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:** Therapy can affect you in many ways. While we expect change, sometimes it is easy and swift, but more often it will be slow and even frustrating. I am likely to draw on various approaches. These approaches may include, behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. I do not prescribe drugs.

**TREATMENT PLANS:** By the second or third visit, we will discuss my understanding of the problem, therapeutic objectives, and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy or about the treatment plan, please ask and I will explain it to you.

**TERMINATION**: After the first meeting we will decide whether we choose to work together. I do not accept clients who, in my opinion, I cannot help. Some problems may be beyond my scope of practice…in that case, I will provide referrals whom you can contact. If at any point during therapy you are non-compliant, I may terminate treatment. In event of termination, I will provide you with a referral and upon your request provide the new clinician with necessary information. You also have the right to terminate therapy at any time.

**DUAL RELATIONSHIPS:** Not all dual or multiple relationships are unethical. It is important to realize that in some areas multiple relationships are unavoidable. I will never publicly acknowledge our relationship without written permission. It is your responsibility to advise me if any dual or multiple-relationship becomes uncomfortable for you in any way.

**PRIVACY VIA TECHNOLOGY**: The following are not secure channels and may compromise your confidentiality. However, many people enjoy using these forms of communication and messaging and with your consent I will utilize any you prefer. Likewise, I recommend you not communicate personal info. on social networking sites as that may compromise confidentiality.

**COURT PROCEEDINGS/REPORTS:** Please note that we do not specialize in evaluation/assessment for child custody cases or any other type of expert testimony. There are clinicians who do that in their practice, we do not. To enter into any court proceedings/testimony/reporting, may diminish the effectiveness or destroy the trust developed in the therapeutic relationship.

Any court-related work to include: phone conference, written reports, etc… will be billed at double our normal rate. Are you involved in any legal or court proceedings at this time? Yes\_\_\_\_ No\_\_\_\_.

If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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With new technologies, communications by text cell phone and email are not considered secure methods to transmit information. Therefore consider whether or not you wish to communicate via these methods.

(Please initial)I consent to communication via: text\_\_\_\_\_\_\_ cell phone\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_

I have read the above policies. I understand them and agree to comply with them:

**Client's Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Therapist’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**