

# Informed Consent Form For Ruth Rodriguez, Marriage and Family Therapist Registered Intern Applicant

## Qualifications & Supervisor Information

As a Marriage & Family Therapist Registered Intern Applicant I work with individuals, couples, families, children, and group therapy. I also attend workshops, seminars, and training sessions. My supervisor, Denise Dalgarn, LMFT, MFC49356, can be reached at (805) 644-1650 ext.426.

## Therapy Process

Please check to be sure you have read, understood, and discussed all questions with me. An informed consent has the force of contract, so we cannot proceed until we reach an agreement on all items.

Therapy is the process of solving emotional problems by talking with a person professionally trained to help people achieve a more fulfilling individual life, marital relationship, or family relationships. This process of change will, in many ways be unique to your own situation.

If I feel certain topics are not in my scope of practice, I will consult with my supervisor to find the appropriate referrals that may be able to assist you best.

## Confidentiality

You have the right to expect absolute privacy and confidentiality in therapy. This confidentiality is protected by law outside of specific situations outlined in the *confidentiality agreement form* in which I am legally obligated to breach confidentiality. Any information you release will not be shared with anyone else without written consent from you.

The training situation affects confidentiality in that the intern will, at times, share the details of counseling situations in individual supervision sessions with his/her licensed supervisor, or in a group setting with other counselors-in-training. In individual supervision the names of the clients the intern is counseling with will be shared. In group supervision, names will be withheld. Any time information is shared it will be to serve your best interest, by both maintaining confidentiality and by receiving professional consultation by a licensed therapist. Please feel free to ask any questions about this information or any other aspects of our counseling relationship.

## Potential Risks and Benefits

The process of therapy can bring many benefits to you. These may include reducing the severity and/or frequency of symptoms that initially brought you to therapy; improving your understanding and awareness of your feelings, motivations, and internal processes; improving aspects of your relationships with others; improving your emotional well-being; etc.

However, there are some risks involved as well. Change will sometimes be quick, but more often requires considerable time and effort from you. I will do my utmost to uphold my professional duties of care - as defined ethically and legally. However, the outcomes of therapy depend on a variety of circumstances, many of which are unpredictable and beyond our control. There are no guarantees that we will achieve the goals outlined at the start of therapy. You may contact me directly at Ventura Counseling Center's primary number 644-1650, my Google voice cellphone (805) 270-3171 or at my supervisor's extension 426.

## Procedures for handling emergencies

In cases of emergencies, you can call me directly at 805-270-3171 or my supervisor 805-644-1650 ext. 426 (Denise Dalgarn).

Please leave a detailed message and I will get back to you at the earliest time. Phone calls after regular business hours are for *emergencies*. I have the right to return the call only during regular business hours.

*Please note that if you are involved in a serious emergency mental or medical it is best to dial 911 or go to your local emergency room.*

If for any reason I am not able to continue therapy for any period of time (for example due to injury, personal emergency, or incapacitation), you can contact Ventura Counseling Center for other options.

**Signed Agreement**

I, \_\_\_\_\_, agree to enter into therapy with Ruth Rodriguez. I am fully aware of and agree to the conditions of attending therapy with an Marriage and Family Therapist Registered Intern Applicant. By signing this Consent Agreement, I acknowledge that the therapist gives no guarantees for achieving my specific goals.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

I, \_\_\_\_\_, have fully read and understood this consent form.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_