

# Informed Consent

## Part I:

1. You have the right to ask questions about any procedure used during therapy.
2. You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals whose services you might prefer.
3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me by phone if you make such a decision without consulting me.
4. You have the right to review your records in the files. Please refer to the HIPAA Notice for limits and procedures concerning your files.
5. One of the most important rights involves **confidentiality**. Within limits of the law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member is being seen in therapy the therapist views the family as a whole as the client.

There are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations are as follows:

- a. If you threaten grave or bodily harm or death to yourself or another person.
  - b. If a court of law issues a legitimate court order (signed by a judge).
  - c. If you reveal information relative to child abuse, child neglect, or elder abuse.
  - d. If you are in therapy by order of court law, the results of the treatment ordered must be revealed to the court.
  - e. If you are seeking payment through an insurance company, I will be required to reveal confidential information to them.
6. If you request it in writing, any part of your clinical record (which may include reasons you are seeking therapy, the way the problem may affect your life, your diagnosis, goals for treatment, progress toward those goals, reports sent to others, reports I receive from other treatment providers your history and past treatment including reports to your insurance carrier) can be released to any person or agency you designate.

## Part II:

1. I (client) agree to enter into therapy with the Therapeutic Counseling Center.
2. Co-payment is due at time of each session. I am responsible for cooperating with my insurance company to support prompt payment.
3. I understand that I am responsible for all fees that are not covered by my insurance; for example, if my benefit expires or the terms of my coverage changes during therapy.
4. A 24 hour notice is required for cancelation of a scheduled session. If I do not meet this requirement, I agree to pay the full session fee. I understand that this will be my responsibility, not that of my insurance company or any other third-party payer.
5. I understand that the therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, the therapist will only disclose the minimum information required in order to ensure confidentiality.
6. I understand that phone, texting and email may be used for appointment requests and changes and is not to be used as a replacement for therapy.

## Part III:

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal

with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Client name (print) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date\_\_\_\_\_