



## **Informed Consent for Psychotherapy**

### 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 to 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 going forward depends largely on your willingness to engage in this process both during and outside sessions. As with any powerful treatment, there are both benefits and risks associated with psychotherapy. At times, therapy can feel challenging and difficult and other times it can be enlightening and energizing. You should think about both the benefits and risks when making any treatment decisions.

Risks might include feeling uncomfortable, intense emotional experiences, and recalling unpleasant memories. Sessions may cause disruption of your normal schedule. As you change, difficulties with important people in your life may occur. Despite our best efforts, therapy may not work out well and may lead to worsening of your problems. Despite this, you should know that psychotherapy has been demonstrated to have positive effects for most people in a relatively short amount of time. Benefits might include the restoration of hope and morale, relief from depression and anxiety, and increased skills to manage your thoughts, feelings, and behaviors. Therapy often leads to enhanced self awareness, better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guarantees of what you will experience.

The first few sessions will involve an evaluation of your needs, and “fit” between client and clinician. By the end of the evaluation period, your counselor will be able to offer you some first impressions and a plan for your treatment. You should consider this information along with your own comfort with the provider. If you do not believe a provider is right for you, they can support you in finding another provider to address your needs. If we both agree this is a good fit, I expect that we will have a meaningful experience together and hope that you will feel comfortable enough to ask any questions, to provide any feedback, and to be an active participant.

The experience and result of psychotherapy varies depending on the personalities of the counselor and client, and the particular problems you bring forward. There are many different methods clinicians use to deal with the problems that you hope to address. Changes to your behavior or circumstance can't be guaranteed, but we promise to support you and do our very best to understand you and to help you clarify what it is that you want for yourself.

### CONFIDENTIALITY

According to law, the information disclosed in psychotherapy is confidential. I can only release information about our work to others with your written consent. There are some exceptions:



1. If you are using insurance, many insurance companies require treatment plans and diagnostic information before payment will be made.
2. Occasionally a clinician 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.
3. If we see each other accidentally outside of the therapy office, your counselor will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance. 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.

There are some situations in which I am legally obligated to take action, even if I have to reveal some information about a client's treatment. If these situations occur, I will make every effort to fully discuss it with you before taking action but consent is not required.

1. If in my clinical judgment, I determine that you are a danger to yourself, another person, or the property of others I am required by law to take measures to protect the safety of all involved. These actions may include safety planning, notifying the potential victim, contacting the police, or seeking hospitalization.
2. I am a mandated reporter and required by law to report cases of abuse/neglect or suspected abuse/neglect of children under age 18, the elderly, or vulnerable adults to the appropriate state authorities.
3. In most legal proceedings, you have the right to prevent me from providing any information about your treatment, however a judge may order my testimony if he/she determines that the issues demand it. I may be required to divulge information and records by court order or subpoena or if information is required for the purpose of rendering an expert's report to an attorney.

While this written summary of confidentiality and exceptions should help to inform you about potential conflicts, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you, but formal legal advice may be needed because laws governing confidentiality are complex.

MY SIGNATURE BELOW INDICATES THAT I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

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Signature

Printed Name

Date

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Guardian Signature

Printed Name

Date