



Counseling Informed Consent

_____ **Initial CONFIDENTIALITY:** Everything you share during your therapy and the accompanying written notes I take are confidential and may not be released to anyone without your written permission except where disclosure is required by law.

_____ **Initial 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. Disclosure may also be required by the courts. 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.

_____ **Initial EMERGENCY:** If there is an emergency during therapy or after therapy, and I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the patient information sheet.

_____ **Initial 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. In accordance with privacy and confidentiality regulations, only the minimum necessary information will be communicated to the carrier.

_____ **Initial RECORDS AND YOUR RIGHT TO REVIEW THEM:** The law requires that I keep treatment records for at least 5 years. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I feel that releasing such information might be harmful in any way. Upon your request, I will release information to any agency/person you specify unless I feel that releasing such information might be harmful in any way. 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.

_____ **Initial TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact me between sessions, please call me at (757) 932-7455. If I do not answer, I will return your call as soon as possible. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call 911 or go to your nearest emergency room.

_____ **Initial THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:** Therapy can affect you in many ways. You may resolve the problem you came in for but it takes effort on your part. I encourage you to be open and honest. We may engage about unpleasant events which may cause you discomfort and I may challenge some of your ways of thinking. You must also know that while we expect change, there is no promise that this therapy will yield a positive result or the results you desire. The process of change is a process and may at times seem easy, while other times may seem prolonged or even frustrating. I employ a variety therapy approaches. These approaches may

include, behavioral, cognitive-behavioral, cognitive, solution-focused, emotion-focused, motivational interviewing, strength-based, system/family, developmental (adult, child, family), or humanistic. I do not prescribe drugs.

_____ **Initial TREATMENT PLANS:** Throughout your treatment, I will discuss with you my ongoing understanding of the problem, treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used during the course of your treatment or about the treatment plan, please ask and I will explain it to you. You also have the right to ask about other treatments for your condition and their risks and benefits.

_____ **Initial TERMINATION:** After the first meeting, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I am not qualified to help. In that a case, I will give you a number of referrals whom you can contact. If at any point during therapy you become non-compliant, I reserve the right to terminate treatment. In such a case, I will give you a number of referrals that may be of help to you. And upon your request, I will provide her or him with the minimal necessary information to assist with continuing your treatment. You have the right to terminate therapy at any time.

_____ **Initial DUAL RELATIONSHIPS:** Not all dual or multiple relationships are unethical or avoidable. Therapy never involves any dual relationship that impairs the therapist's objectivity, clinical judgment or can be exploitative in nature. It is important to realize that in some areas multiple relationships are unavoidable. I will never publicly acknowledge working with you without written permission. I will not accept you or terminate therapy if I feel a significant dual or multiple relationship exists. It is your responsibility to advise me if any dual or multiple relationship becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if you find it is or may interfere with the effectiveness of the therapy or your welfare and, of course, you may exercise this same right at any time.

_____ **Initial SUPERVISION AND CONSULTATION:** Information about clients may be disclosed in clinical supervision and consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

_____ **Initial SOCIAL NETWORKING AND INTERNET SEARCHES:** At times, I may conduct a web search on my clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with me. I do not accept friend requests from current or former clients on social networking sites, such as Facebook or Instagram. This practice assists with maintaining your privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

_____ **Initial DEBT COLLECTIONS:** When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, time frame, and the name of the practice.

I have read the above Counseling Informed Consent. I understand, have had opportunity to ask questions and receive a response, and I agree to comply with them:

Client's Signature _____ **Date** _____

Therapist's Signature _____ **Date** _____