

Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is a highly personal and, at the same time, contractual agreement. Given this, we must clearly understand how our relationship will work and what each of us can 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 signature line 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 depends largely on your willingness to engage in this process, which may sometimes result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on intense feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeat patterns, as well as to help you clarify what you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client-held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.
4. Suspicions, as stated above, in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law or if the information is obtained to render an expert's report to an attorney.

Occasionally, I may need to consult with other professionals in their areas of expertise to provide the best treatment for you. Information about you may be shared in this context without using your name.

I will not acknowledge you first if we see each other accidentally outside the therapy office. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but it is appropriate not to engage in lengthy discussions in public or outside the therapy office.

BY SIGNING ON THE LINE BELOW, I AGREE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

CLIENT SIGNATURE:

CLIENT NAME:
