



2. Informed Consent for Therapy

General Information

The therapeutic relationship is unique, it is a highly personal and at the same time, a contractual agreement. Given this, it is important for you and your therapist to reach a clear understanding about how your relationship will work, and what each of you can expect. This consent will provide a clear framework for your work together. Feel free to discuss any of this with your therapist. 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 depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. Your therapist cannot promise that your behavior or circumstance will change. Your therapist can promise to support you and do their very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to your treatment will be held confidential unless you request 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/her self in a manner in which there is a substantial risk of incurring 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 and being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally your therapist 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.

Contacting, posting, or otherwise remarking or "checking-in" when using social media or other electronic media may confirm and disclose to the public the client's relationship with therapist. It is advised that you do not use electronic or social media to communicate or contact your therapist, as such communication or contact will be ignored.

Sending a "friend request" to therapist is inappropriate, and that therapist will not accept or acknowledge such requests.

If you and your therapist see each other accidentally outside of the therapy office, they will not acknowledge you. Your right to privacy and confidentiality is of the utmost importance to your therapist, and they do not wish to jeopardize your privacy. However, if you acknowledge your therapist first, they will acknowledge you. Please do not interact and or engage in any lengthy discussions in public or outside of the therapy office.

By signing below you agree that you have read this document and will ask your therapist should you need any clarification.:

Name of signing party if different from client.:

Relationship to client.: