



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 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 your therapist. Please read and sign that you have reviewed this information and that you agree with 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. We cannot promise that your behavior or circumstance will change. We can promise to support you and do my 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/organization.

Limitations and held privileges of confidentiality exist and are explained below:

1. If you threaten or attempts to commit suicide or otherwise conduct yourself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If you threaten grave bodily harm or death to another person.
3. If your therapist has a reasonable suspicion that you or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of a child (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. Suspicions as stated above in the case of an animal/pet.
6. Suspected neglect of the parties named in items #3-5.
7. If a court of law issues a legitimate subpoena for information stated on the subpoena.
8. If you are in therapy by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

IMPORTANT TO CONSIDER - Occasionally we 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. ** If we see each other accidentally outside of the therapy office, we will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to us, and we do not wish to jeopardize your privacy. However, if you acknowledge your therapist first, we will be more than happy to speak briefly. Please know that it is **not** appropriate to engage in any lengthy discussions in public or outside of the therapy office.

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

Client Signature/Date (Required age 12 and older)

Witness/Date

Guardian Signature/Date