

## **Informed Consent Statement**

### Client-Counselor Service Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. Summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations, and counseling fees are contained in the Notice of Privacy Practices provided to you in a separate form. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your counselor, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

### Goals of Counseling

There can be many goals for the counseling relationship. Some of these will be long term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending drug use. Whatever the goals for counseling, they will be set by the clients according to what they want to work on in counseling. The counselor may make suggestions on how to reach that goal but you decide where you want to go.

### Risks/Benefits of Counseling

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. However, there are many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

### Appointments

Appointments will ordinarily be 50-60 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. You are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

### Confidentiality and Technology

Some clients may choose to use technology to communicate with their counselor. Due to the nature of online counseling, there is always the possibility that unauthorized persons may attempt to discover your personal information. I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in contacting your therapist. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your communications with your therapist. Should a client have concerns about the safety of their email, I can arrange to encrypt email communication with you.

### Record Keeping

I will keep brief records of each counseling session noting the dates we meet, the topics we cover, progress reports from client's perspective, interventions and impressions from the therapist and next steps. Your notes will also contain a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section of the Privacy Policy. Should you wish to have your records released, you are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically on a USB flash drive or in a paper file and stored in a locked cabinet in my office.

Diagnosis: If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis and possibly to share progress notes or your treatment plan to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use diagnosis, I will discuss it with you.

### Other Rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time, although I recommend finding a way to give me advance notice so that I can help you end treatment well and consolidate gains (please see section below on Ending Therapy.)

### Ending Therapy Well

**I want to make your therapy as successful as possible.** For that reason, it works best to find a rhythm and structure to the beginning stages with sessions that meet regularly. To support your leaving, I request several weeks of notice prior to your actual leaving to allow you to have an experience of leaving well, with a sense of completion. If I initiate terminating you from our therapy, it will be because I feel that I am not able to be helpful to you any longer. My ethics and license requires that I offer quality service and have my clients' needs as paramount in my treatment planning. If I no longer feel that I am the best or right practitioner for you, I will offer referrals to other sources of care, but cannot guarantee that they will accept you for therapy or how they will approach your treatment.

Client's Initials \_\_\_\_\_

Contacting Me

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you experience a psychiatric emergency, go to your local hospital emergency room or call 911, rather than waiting for me to call you back. When I am out of town for an extended period of time I will give you the name of a colleague you can contact in case of an urgent need

Email

I may request client's email address. You have the right to refuse to divulge email address. I may use email addresses to periodically check in with clients who have ended therapy suddenly. I may also use email addresses to send newsletters with valuable therapeutic information such as tips for depression or relaxation techniques. I also have a blog and if this is appropriate for the client, I may send information through email about subscribing to the blog or information related to mental health and wellness. If you would like to receive any correspondence by email, please write your email address here \_\_\_\_\_

\_\_\_\_\_.

**If you would like to opt out of email correspondence, please check here \_\_\_\_\_ .**

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. Please see sections on page 2, re: Ending Therapy Well.

**Consent to Counseling**

**Your signature below and the initials on each page indicates that you have read this Agreement and agree in full to its terms.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client's Printed Name \_\_\_\_\_