

## **Informed Consent for Therapy Services**

Welcome to the Claret Center resident therapy services program and thank you for allowing me to help you on your path toward health and wellness. This document contains important information about my professional services and our Center's business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an extension of the initial, verbal agreement between us.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular challenges you wish to receive guidance on. There are many different methods I may use to deal with these challenges that you hope to address. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Therapy often leads to reduction of feelings of distress, more satisfying relationships, resolution of specific problems, and an increase in positive feelings and overall happiness and life satisfaction. Growth nearly always brings change, and sometimes change (even positive change) causes stress. Potential risks of counseling involve recalling unpleasant aspects of your life that may bring up uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. This is a natural part of the process and one that we will work together to cope with. Because of the complexity of human behavior, there are no guarantees that you will feel better or that your problem(s) will get resolved. If you have any concerns about your progress or the results of your counseling experience, please talk to me at any time during our work together.

### **GENERAL STRUCTURE OF COUNSELING SESSIONS**

We will meet initially to discuss the nature of your therapy needs and to decide on an approximate number and frequency of sessions necessary to accommodate those needs. Sessions are usually scheduled for 50-minute periods. Length or frequency of sessions can be increased or decreased to reflect your counseling needs. I do short-term and long-term therapy based on my assessment of your needs and objectives. I may assist you in obtaining resources in the community.

It is important for you to know that I am providing counseling services under the direct supervision of the Claret Center resident program. I will be sharing information about our session with my supervisor who is a practicing clinical psychotherapist, as well as in peer supervision with fellow residents. Your identity will be kept private.

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide at least 24 hours advance notice cancellation or unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment. If cancelling and/or missing appointments becomes a chronic problem, it will be necessary to reevaluate the commitment to the treatment process. If no advance notice of cancellation is given, you will be charged my full fee for the missed session.

### **BILLING AND PAYMENT**

Our customary fee is \$90. If this presents a hardship, we will mutually agree upon a rate that is based on your household income and our sliding scale fee structure.



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You will be expected to pay for each session at the time it is held. Acceptable forms of payment are check, cash, or credit card (including flexible spending credit/debit cards). We also accept most BlueCross/BlueShield PPO plans.

### **CONTACTING ME**

I make every effort to return calls within 12 hours, with the exception of weekends and holidays, in which case I will return calls on the following business day. You can leave a message at 773.643/6259, X \_\_\_\_\_ or \_\_\_\_\_. I am also available by email at \_\_\_\_\_.

***In emergencies, call 911 or go to your local emergency room. Please leave me a message for me of where I can reach you.***

### **CONFIDENTIALITY**

In general, the privacy of all communications between a client and a therapist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.
- There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency.
- If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself or herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.
- If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. If I suspect you are a victim of physical or sexual abuse, I am required by law to discuss this with the Illinois Department of Child and Family Services (DCFS).
- I will be in consult with my supervising psychotherapist. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.