Informed Consent for Counseling

Thank you for choosing to work with me. Therapy is a collaborative process. This document explains what you can expect from therapy, your rights and responsibilities, and important policies. Please read it carefully and ask any questions you may have before signing.

What Is Therapy?

Therapy is a place to explore your thoughts, emotions, relationships, and life experiences in a safe and respectful environment. Together we will identify your goals and work toward meaningful change.

Therapy can be helpful, but there are no guarantees about outcomes. Progress depends on many factors, including your participation, willingness to practice new skills, and circumstances outside of therapy.

Benefits and Risks

Potential benefits include:

- Greater self-awareness
- Improved coping skills
- Better relationships
- Reduced emotional distress
- Personal growth

Therapy can also be challenging. At times you may experience uncomfortable emotions or discuss difficult memories. These experiences are often a normal part of the healing process.

Your Rights

You have the right to:

- Ask questions about your treatment.
- Participate in decisions about your care.
- Decline any intervention or topic of discussion.
- Request a referral or seek a second opinion.
- End therapy at any time.

Confidentiality

What you share in therapy is confidential. I will not release your information without your written permission unless required or permitted by law.

Exceptions to confidentiality may include:

- There is concern that you may seriously harm yourself.
- There is concern that you may seriously harm someone else.
- Suspected abuse or neglect of a child, older adult, or vulnerable adult when reporting is required by law.
- A court order or other legal requirement.
- Other situations required by applicable law.

If possible, I will discuss these situations with you before sharing information.

Appointments
Sessions are typically 45-55 minutes long. If you need to cancel or reschedule, please provide at least 24 hours' notice. Appointments canceled with less notice, or missed without notice, may be charged the full session fee unless there is an emergency.

Fees and Payment
Claims will be submitted to your insurance plan or EAP. If you elect to utilize a private pay option, the session fee is $120. Payment is due at the time of service unless other arrangements have been made. You are responsible for understanding your insurance benefits, if applicable.

Communication
You may contact me by phone, secure messaging, or email for scheduling or administrative questions. Email and text messaging are convenient but are not completely secure. Please avoid sharing sensitive clinical information through these methods whenever possible.

Emergencies
I do not provide 24-hour crisis services. If you are experiencing a mental health emergency, call 911, go to your nearest emergency department, or contact 988 by calling or texting the Suicide & Crisis Lifeline.

Ending Therapy
You may end therapy at any time. If possible, I encourage discussing your decision so we can review your progress, address any concerns, and help ensure a thoughtful transition or referral if needed.

Telehealth Services
Our therapy sessions will be conducted using a secure video platform rather than in person. Telehealth is generally safe and effective, but no technology is completely secure, and technical interruptions may occasionally occur. Please participate from a private, quiet location whenever possible to help protect your confidentiality. At the beginning of each telehealth session, I will ask for your current physical location and confirm a phone number where I can reach you if we become disconnected. If an emergency arises during a telehealth session, I may contact emergency services or your designated emergency contact to help ensure your safety. If we experience technical difficulties, we will attempt to reconnect, or I will contact you using the phone number you have provided. By participating in telehealth services, you understand the benefits and limitations of this format and consent to receiving therapy remotely.

Consent
By signing below, you acknowledge that:

- You have read and understood this information.
- You have had the opportunity to ask questions.
- Your questions have been answered to your satisfaction.
- You voluntarily consent to participate in counseling.

My signature (or E-Signature) indicates that I have read, discussed, and understand the above information.

Client's Signature: _____

Legal Guardian / Relation to Client: _____

Date: _____