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Informed Consent & Therapeutic Agreement for Psychotherapy Services

Introduction

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its content before signing it. You may have questions about me, my qualifications, the process of therapy, or anything not addressed here. It is your right to have a complete explanation of any questions you may have, now or in the future. Please feel free to ask questions or share any concerns that may arise. Although I know this may be uncomfortable at times, but your openness and honesty will allow me to best serve you.

Risk and Benefits of Therapy

Psychotherapy is a process in which we will discuss a myriad of complicated issues, events, experiences and memories for the purpose of creating healthy change so that we may experience our lives more fully. It provides an opportunity to better and more deeply understand oneself, as well as any struggles or difficulties you may be experiencing. Psychotherapy is a joint effort between the therapist and client. Progress and success may vary depending upon the particular struggles or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits, including, but not limited to, reduced stress and anxiety, a decrease in unhealthy thoughts and self-sabotaging behaviors, improved couple and family relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence and self-esteem. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to openly explore feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, anxiety, etc. There may be times in which I will challenge your perceptions and assumptions, and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Sometimes

a decision that is positive for one family member is viewed quite differently by another. You should be aware any decision on the status of your relationships is your sole responsibility.

During the therapeutic process, many people find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should discuss with me any concerns you have regarding your progress in therapy. Due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Rights of the Client

Treatment is entirely voluntary, and you have the right to terminate treatment at any time. I have the right to terminate therapy with you under the following conditions:

1. If I believe that therapy is no longer beneficial to you.

2. If you fail to follow recommended treatment repeatedly.

3. If I believe you will be better served by another professional.

4. If you have not paid for at least two sessions, unless special arrangements have been made.

5. When you have failed to show up for your last two therapy sessions without a 24-hour notice.

6. If I recommend additional treatment (ie. alcohol and substance abuse treatment, dialectical behavior treatment, etc.) deemed beneficial to our work together, and you outright refuse.

7. You are seeing another therapist, and participating in treatment with me would jeopardize our relationship and work with that therapist. (If you are seeing another therapist I will require that you sign a consent form to release information so I can communicate with the other therapist).

If for any reason our services terminate, I will provide you with the names of three other qualified professionals.

You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy. It is best to discuss this in a planned termination session if at all possible.

Confidentiality

All information you disclose to me within our sessions is confidential and will not be revealed to anyone without your written permission (or your parents' permission if you are under 18), except for the following reasons:

1. Where there is a reasonable suspicion of child abuse, dependent adult abuse, elder adult abuse or neglect.

2. If you reveal to me that an alleged perpetrator of minors is in contact with minors and there is a reasonable suspicion that they may still be abusing minors.

3. Where there is a reasonable suspicion that you may present a danger of violence to others.

4. Where there is a reasonable suspicion that you are likely to harm yourself unless protective measures are taken.

In all of the above cases, the psychotherapist is either allowed or required by law to break confidentiality in order to protect you, or someone you might endanger from harm.

5. Upon written request, I can release all or portions of your records to any person or entity you specify. I will inform you whether or not I think releasing that information might be harmful to you.

6. If a court of law issues a subpoena or an order, I am required by law to comply with the subpoena or order.

7. If therapy is provided by an intern, all clinical information is shared in supervision.

Office Policies

Termination of Therapy: The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with me. I will discuss a plan for termination with you as you approach the completion of your treatment goals.

Cancellation or late arrival: Since an appointment reserves time specifically for you, 24-hour notice is required for rescheduling or canceling of an appointment. Outside of an agreed upon emergency or accident, you will be charged our agreed upon session fee. Additionally, if you are late, we will meet for whatever amount of your time remains and you will be charged for the full 50 minutes.

Telephone calls: You are welcome to leave messages at any time on my office phone. If you need to speak with me regarding a therapeutic issue, I will call you back within 24 hours if it is an emergency and within 48 hours if it is not (please leave a message briefly stating the nature of the call). Remember that, in general, telephone calls are not meant to take the place of an office visit; if you require extended time (15 minutes +) on the phone I will bill you for that time. In special circumstances, I am agreeable to providing treatment over the phone at the same hourly rate as we have agreed upon for your office visits.

24-Hour Clean and Sober Policy: Therapy can only be effective with a willing and able client. Clients are expected to be sober during our sessions. I assert the right to terminate any session if I believe a client is under the influence or has used substances within the past 24 hours that impairs his/her ability to participate in treatment. If a session is terminated due to alcohol and/or substance use, this is considered a no-show and the client will be charged a fee equal to your regular session fee.

Emergencies

Therapist Availability / In the Event of a Crisis or an Emergency: You may leave a message for me at any time on my confidential voicemail at (412) 212-8478. If you wish me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are generally returned within 24 hours during normal workdays (Monday through Friday). Please understand that as a solo, outpatient practitioner, I am unable to personally provide continuous 24-hour crisis services. In the event of a clinical emergency, an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance, go to the nearest emergency room, and/or call the Resolve Crisis Network-24 Hour Hotline at 1-888-796-8226. For other types of urgent situations, please follow any instructions that are provided on my main voicemail at (412) 212-8478, and indicate that fact in your message. I will do my best to return your call.

Fee for Service

Therapy sessions are $_____ per therapeutic hour/group (50/90 minutes). You are expected to pay for services (full fee) at the time they are rendered unless other arrangements have been made. Please notify me ahead of time if any problem arises regarding your ability to make timely payment. I accept cash, check, and major credit cards.

Therapist in Training Informed Consent

At the Institute for Relational Change we believe in offering affordable therapy service to the disenfranchised, uninsured, under insured and all who seek treatment. Based on our values of social justice, we provide affordable options to individuals, couples and families who do not have health care or cannot afford the fees associated with their mental health care coverage. This treatment is provided by advanced masters level intern(s) under the supervision of our experienced, licensed clinicians.

_____ Initial Here to Consent

Fee for Service

Treatment is provided as a reduced, out of pocket fee of $_____per session. Cash or Check only will be accepted. Check must be written out to: The Institute for Relational Change.

_____ Initial Here to Consent

Informed Consent to Record Therapy Sessions

Recorded sessions are a significant component of therapist training. However, no recording is ever done unless the client has given permission to do so. Therefore, we use this consent form to obtain your permission to record. Feel free to ask your therapist any questions about the purpose of recording and use of the files.

Your initials below indicate that you give permission to record and that you understand the following:

1. I can request that the recording be turned off at any time and may request that the file or any portion thereof be erased. I may terminate this permission to record at any time.

2. The purpose of recording is for use in training and supervision. This will allow the fellows to consult with their assigned supervisor(s) in an individual or group supervision format, who may watch the recording alone or in the presence of other fellows involved in direct supervision.

3. The content of these recorded sessions is confidential and the information will not be shared outside the context of individual and group supervision.

4. The files will be stored in a secure location and will not be used for any other purpose without my explicit written permission.

5. The files will be erased after they have served their purpose.

_____ Initial Here to Consent

Live supervision allows a fellow and/or a supervisor to observe a therapy session without being present in the room. This process allows a fellow and/or supervisor to gain insight into the therapy process in a noninvasive manner. Live supervision will never occur without your permission.

Your initials below indicate that you give permission for a supervisor to observe live sessions using video conference technology and that you understand the following:

1. I understand that video conferencing is not confidential, yet I still authorize the use of video conference technology for my session's educational purposes.

2. I understand that a fellow may observe my session for educational purposes.

_____ Initial Here to Consent

Acknowledgement

By signing below, client(s) acknowledge that they have reviewed and fully understand the terms and conditions of this Informed Consent and Therapeutic Agreement. Client(s) have discussed such terms and conditions with the therapist, and have had any questions with regard to its terms and conditions answered to the client(s)' satisfaction. Client(s) agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy at The Institute for Relational Therapy. Moreover, client(s) agree to hold therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Client(s) agree to be legally responsible for any charges said persons listed below may incur during psychotherapy at The Institute for Relational Change. I understand that I, personally, will be billed for any missed or cancelled appointments (without 24-hour notice). I understand that I am financially responsible for payment for all services rendered.

_____ _____

Client Name (please print) Today's Date

_____

Client Signature (or authorized representative)

_____ _____

Client Name (please print) Today's Date

_____

Signature of Client (or authorized representative)