

INFORMED CONSENT

THERAPEUTIC PROCESS

Participation in therapy can result in several benefits, including resolution of the concerns that led you to seek therapy. Working towards these benefits requires your honesty, openness and active involvement. As therapy progresses, we will discuss it’s effectiveness for you. It is expected that you will provide honest feedback about your progress and your views of therapy. Discussing the issues that brought you into therapy can result in discomfort (fear, sadness, anger, anxiety, etc). I may challenge some of your perceptions and suggest different ways of looking at or handling situations. This also may cause you to feel discomfort (disappointment, anger, etc). Sometimes, as you are working towards resolution of your personal issues, it may feel that the issues “get worse” before “getting better.” This is a normal part of the therapeutic process. During the course of therapy, I will utilize various psychological approaches, depending on the issues being treated and my assessment of what will benefit you. These approaches include but are not limited to cognitive-behavioral, emotional focused, solution focused, developmental, attachment, crisis intervention or psycho-educational techniques.

PRIVACY & CONFIDENTIALITY

All information that you disclose within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. The notice of Privacy Practices, which you received with this Informed Consent, has more details of when disclosure is required by law. Disclosure is required where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, or to property. If there is a situation in which I become concerned about your personal safety, or the possibility of you injuring someone else, I will contact the police, hospital or an emergency contact whose name you have provided. In addition to these limitations of confidentiality, disclosure may be required in a legal proceeding.

Electronic Communication

I am happy to text a reminder the day before your session. If you prefer that I do not do that, please check this box 

Dual Relationships

I will never acknowledge working therapeutically with anyone without his/her written permission. Even with permission, I will preserve the integrity of our working relationship. For this reason, I will not accept any invitations via social networking sites such as Facebook, Twitter, Linkedin or Pinterest, nor will I respond to blogs written by clients or accept comments on my blog from clients.

Litigation Limitation

As the therapeutic process is of a confidential nature, it is agreed that should there be legal proceedings (such as divorce, custody disputes, personal injuries, etc), neither you nor your attorney will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation and Peer Supervision

I regularly consult with other professionals regarding my clients as a way to maintain objectivity and to utilize best practices. During this consultation, a client’s name or other identifying information is not shared. As the client’s identity remains anonymous, confidentially is maintained.

FEE FOR SERVICE & CANCELLATION POLICY

Fees are due at the time of your appointment. I take cash, check, or charge including HAS cards. For insurance panels, I can at your request, participate as an out-of-network provider. This means that you pay the full session fee and submit an invoice to your insurance provider. They may or may not choose to reimburse you for a portion of the session fees. Also, I can accept payment from your Ecclesiastical Leader, if the Ecclesiastical Leader Authorization for Payment of Services form has been completed and signed by you and your Ecclesiastical Leader.

As scheduling an appointment reserves a time specifically for you, 24-hour notice is required for re-scheduling or canceling an appointment. Half of the fee will be charged for sessions missed without such notification.

By signing below, I am stating that I have received the notice of Privacy Practices and that I agree to the terms listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Sandi Williams, MS MA LMFT Date