

## Informed Consent & Office Policies

Please initial each paragraph in the space provided indicating that you have read and understood the content of that paragraph.

**Confidentiality:** All information disclosed within sessions and the written record are confidential and cannot be revealed to anyone without your consent, except where disclosure is required by law. This is explained in greater detail in the Notice of Privacy Practices which you have received along with this form.

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**Confidentiality of Cell Phones, Email and Fax Communication:** It is important to be aware that every effort will be made to maintain confidentiality when using these types of communication. It is noted that all times, emails or faxes can erroneously be sent to a wrong address. We will make every effort to avoid these types of situations happening. If it does happen and is brought to our awareness, we will contact you immediately. Please do not use e-mail or faxes for emergencies.

Initial \_\_\_\_\_

**Consultation:** Your therapist may consult with other professionals regarding a case. It is noted however, that your name and any other identifying information will not be mentioned. Your identity will remain anonymous and confidential will be maintained. Written consent will be obtained from you prior to any consultation taking place with another professional where your identity will be revealed. An example of this would be if you are also working with another professional, such as a psychiatrist and case staffing is needed to coordinate treatment.

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**Telephone & Emergency Procedures:** Your therapist will discuss with you the boundaries of contacting them between sessions. Understand that your therapist may charge you for services rendered over the phone. Each therapist in our office covers emergencies for their own clients unless they are out of town, in which case, the therapist will make arrangements for another therapist to cover their calls. This information will be given to you in the event that your therapist has made arrangements for coverage. In case of a medical emergency or there is potential for immediate danger or harm, please call 911 or go to your nearest emergency room.

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**Discussion of Treatment Plan:** Within a reasonable period of time after the initial assessment, your therapist will discuss with you their working understanding of your presenting issues, the treatment plan and therapeutic objectives. If you have any unanswered questions about the course of your therapy, the possible risks, or your therapist's ability, please ask and your questions will be answered fully. You have the right to ask about therapy and risks and benefits of engaging in therapy. If you could benefit from a therapy that your therapist does not provide, your therapist has the ethical obligation to assist you in obtaining those treatments.

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**Consent to Treatment:** Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Therapy requires your active involvement, honesty and openness to change. Remembering and talking about painful memories and unpleasant events, feelings or thoughts can result in you experiencing considerable discomfort or strong feelings. Your therapist may challenge some of your assumptions or perceptions which can cause you to feel upset, angry, sad or disappointed. Attempting to resolve issues that brought you to therapy, such as personal or interpersonal relationships, may result in changes that were not originally intended. Sometimes a decision that is positive for one family member is viewed quite differently by another family member. Change will at times be easy and swift but often times it is slow and even frustrating. During the course of therapy, your therapist is likely to draw on various therapeutic approaches to best benefit you.

Eye Movement Desensitization and reprocessing (EMDR) therapy is a treatment approach that is widely used to treat trauma, addiction and stress patterns. Distressing, unresolved memories may surface during the use of this therapy. At times, clients have experienced a high level of emotions and/or physical sensations. Reprocessing may continue after the session is over in the form of dreams, other memories or feelings surfacing. Every effort will be made by your therapist to provide education on grounding techniques to be used during session and between sessions.

Initial \_\_\_\_\_

**Cancellation Policy:** Your appointment is a much sought-after appointment with your therapist. There is often a waiting list. If you have been scheduled for an appointment and need to cancel this appointment, please notify your therapist at least 24 hours in advance. Failure to do so will result in a charge of \$100 for the missed appointment. This fee must be paid before another appointment is scheduled. This fee will be paid by you and will not be billed to your insurance company or any other funding source. If you have excessive “no show” appointments or excessive cancellations, this will result in you being removed from the schedule.

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**Termination:** You have the right to terminate therapy at any time. Ideally, this happens when the goals of therapy have been met. If at any point during your treatment, your therapist believes they are not effective in helping you reach your therapeutic goals, they are obliged to discuss it with her and if appropriate, terminate treatment and give you possible referrals.

Initial \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_