

## Informed Consent Agreement

This Agreement is intended to provide you, the client, with important information regarding my practices, policies and procedures as a licensed Marriage and Family Therapist, and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Please feel free to ask any questions regarding the contents of this Agreement prior to signing it.

### The Therapy Process

Therapy is a process of change that happens over time. Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires your participation and practice of various techniques and perspectives beyond the therapeutic relationship. Practice is key – we all have been practicing particular ways of being, both in the world and in our own skin. Rearranging our inner and outer worlds to reflect new ways of being takes time, practice, and self-compassion.

As part of the therapeutic process, I use several techniques including reflection, dream work, setting goals, tapping, and evoked experiences of mindfulness. My theoretical perspective is a combination of client-centered Psychotherapy, Depth Psychotherapy, Mindfulness, and Energy Psychology.

### Client Rights

You have the right to a confidential relationship with me. Within certain legal limits (see #3 below), information revealed by you during the course of therapy will be kept completely confidential and will not be revealed to any person without your written permission.

- 1) You have the right to know the content of your records at any time and I have the right to provide you with the complete records or a summary of their content.
- 2) If you ask me, I can release any part of your records on file to any person you specify.  
I will tell you when you make your request whether or not I think releasing that information to that agency or person might be harmful to you.
- 3) Under certain legally defined situations, I have the duty to reveal information you tell me during the course of therapy to other persons without your written consent. I am not required to inform you of my actions if this occurs. These legally defined situations include:

- a. Revealing to me active child abuse or neglect. If a perpetrator is in contact with minors and there is a reasonable suspicion that he/she may still be abusing minors. Active physical abuse of a dependent adult or an elder is taking place.
  - b. If you seriously threaten harm or death to another person, I am required to warn the intended victim and notify the appropriate law enforcement agencies.
  - c. If you are in therapy or are being tested by order of the court, the results of the treatment or tests ordered must be revealed to that court.
  - d. If a court of law issues a legitimate subpoena, I am required by law to provide the information specifically described in the subpoena.
  - e. If you are in a lawsuit claiming emotional harm, the opposing side may subpoena your therapy records.
- 4) You have the right to ask questions about any of the procedures used in the course of your therapy.
- 5) Should you choose not to enter therapy with me, I will provide you with names of other qualified professional whose services you might prefer.
- 6) You have the right to terminate therapy with me at any time without any financial, legal, or moral obligations other than those you've already incurred. I have the right to terminate therapy with you under the following conditions:
- a. When I believe that therapy is no longer beneficial to you.
  - b. When I believe that you will be better served by another professional.
  - c. When you have not paid for the last two sessions, unless special arrangements have been made with me.
  - d. If I determine during the first three sessions that I cannot help you, I will assist you in finding someone qualified. If I have your written consent, I will provide that professional with information they request. If any of these situations apply, I will give you the names of several therapists for your future counseling needs.

I have read and fully understand this Consent for Treatment Agreement.

Client Signature: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_

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

Therapist Signature: \_\_\_\_\_

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