

Informed Consent

About psychotherapy services

Psychotherapy is a working cooperative relationship between you and your therapist. Each member of this cooperative relationship has certain responsibilities. Your therapist will contribute their knowledge, expertise, and clinical skills. You, as the client, have the responsibility to bring an attitude of collaboration and a commitment to the therapeutic process. While there are no guarantees regarding the outcome of the treatment, your commitment may increase the likelihood of a satisfactory experience.

As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Please note that psychotherapy is not an emergency service. If you are experiencing suicidal or homicidal thoughts, are in crisis, or need immediate help, please call 911 or go to the nearest emergency department.

Benefits and risks of psychotherapy

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems.

Note that there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first few sessions

The first few sessions typically involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Appointments and cancellations

Appointments are typically held at the same time each week, at a cadence we agree on (such as weekly or every other week). Payments for each appointment can be made through Headway by debit or credit card or ACH transfer.

You may cancel appointments in advance free of charge, as long as I receive notice far enough in advance. For appointment no-shows or last-minute cancellations, you will be charged a fee. Please reach out to me directly for my latest policy on the cancellation cutoff period and fees.

Professional Records

I am required to keep appropriate records of the psychological services that I provide. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality

Communication between you and your counselor is confidential. This means that your counselor will not discuss your case orally or in writing without your expressed written permission.

Your counselor has an ethical and legal obligation to break confidentiality under the following circumstances:

1. If there is a reason to believe there is an occurrence of child, elder, or dependent adult abuse or neglect.
2. If there is reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
3. If you disclose that you knowingly develop, duplicate, print, download, stream, or access through any electronic or digital media or exchanges, a film, photograph, video in which a child is engaged in an act of obscene sexual conduct.
4. If you introduce your emotional condition into a legal proceeding.
5. If there is a court order for release of your records.

Additional Rights and Responsibilities

In addition to your right to confidentiality, you have the right to end your counseling at any time, for whatever reason and without any obligation, with the exception of payment of fees for services already provided. You have the right to question any aspect of your treatment with your therapist.

1. You also have the right to expect that your therapist will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you.
2. If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist.
3. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, or national origin.
4. You have the right to ask questions about any aspects of therapy and about my specific training and experience.
5. In circumstances that lead me to conclude that your counseling needs would be better served at another counseling facility, I will suggest an appropriate counselor(s) or counseling agency.
6. Your signature below indicates that you have read and understand this information and have received a copy of this consent form and give permission to us to provide counseling services and that this contract is binding for all future sessions you may have with this entity.

Signature: _____

Print name: _____

Date: _____

Practice Policies

Appointments and Cancellations

Appointments are scheduled in advance, at a cadence we agree on, based on your goals, treatment needs, and our mutual availability. Payments for each appointment will be made through Headway by debit or credit card or ACH transfer.

You may cancel appointments in advance without charge, as long as I receive notice far enough in advance. For appointment no-shows or last-minute cancellations, you may be charged a fee. Please reach out to me directly for my latest policy on the cancellation cutoff period and fees.

Availability and After-Hours Emergencies

Providers check for voice mail messages during normal business hours. Messages left outside of normal hours of operation will be picked up the next business day. If you are experiencing suicidal or homicidal thoughts, are in crisis, or need immediate help, please call 911 or go to the nearest emergency department.

Contacting Me

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and I will return your call once I've reviewed your chart, but it may take a day or two for non-urgent matters. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice. If I need to cancel an appointment at the last-minute, I will reach out as soon as possible and reschedule, or have a member of my staff connect with you.

Discharge Process

There are several reasons why we may eventually end our professional relationship. You may decide you would prefer to work with a different provider. I may reach the conclusion you would be better served working with someone else. Regardless of the case, I will first discuss with you the reasons for discharging, and if you request, provide you with a list of other qualified providers. I will also extend the discharge process length if necessary based on your treatment needs, including continuing to provide emergency support for a time-limited period after you have been notified of the end of our treatment relationship.

Please note that ongoing failure to pay for treatment, attend sessions, or communicate with me in a respectful and timely manner can also result in discharge from my practice. In these instances, to ensure you have continued access to care, I will still make every reasonable effort to get in touch with you and provide referrals to a new provider before I consider our relationship ended.

Signature: _____

Print name: _____

Date: _____

Please complete documents and email them to officialwisecounsel@gmail.com
or if enrolled through Headway upload them to your Headway patient portal.