



# *LifeWorks Counseling, Inc.*

Since 1995

*"Teaching tools for personal growth and life enrichment"*

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## **Informed Consent**

Welcome to my practice. Beginning therapy is an important decision, and I am glad I can be a part of that experience for you. If, after the first meeting, we decide to enter into a therapeutic relationship, it is important that you be aware of the protections and limitations of that relationship. We will review the following information together and any questions regarding the information will be addressed. If you are not comfortable with both your rights as a client and my limitations as your therapeutic partner, we can discuss other options for treatment.

**Services** - Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. 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.

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. But, 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. Ultimately, the decision to make changes is yours. I am here to guide and assist you on your journey.

Unfortunately, there are no guarantees that any or all of your problems will be remedied by pursuing treatment with me. It is quite possible that you may experience stress, strained relationships and other difficulties as a result of working in therapy, especially as you share painful feelings and thoughts that can cause unpleasant internal experiences. Growth is difficult, and often things feel worse before they feel better. You may experience anxiety as you are challenged to make major life decisions and/or changes. It is helpful to talk about these issues as they surface.

The first and next few sessions may involve an assessment of your presenting issues and your needs. 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 how to go about meeting the goals. 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 can help you set up a meeting with another mental health professional for a second opinion.

For couples working in couple's therapy, there is no guarantee that therapy will ensure the continuation of the relationship. Research does show however, that couples therapy improves the odds of relationship success. Finally, parents whose

children participate in individual or family therapy may experience anxiety about the issues their children present to me in therapy. I am very respectful of parental roles and know how difficult parenting can be. My agenda will always be to assist families and couples in repairing damaged relationships whenever possible. Please know that change is slow, and often patience is required by both the client(s) and therapist as this process continues.

**Credentials** - I am a Licensed Professional Counselor in the State of Georgia with a Master of Science degree in Clinical Psychology and over 32 years of experience. I am also a Certified Clinical Hypnotherapist and have advanced training in Breathwork and energy healing modalities. My ongoing training since 1995 has included specialization in working with childhood abuse; trauma issues; anxiety disorders, panic attacks and PTSD; relationship, couple and family issues; sexual abuse; addictions and codependency; release of shame-based emotions and beliefs; weight issues; grief; anger; mind/body; and family violence.

**Boundaries of the Therapeutic Relationship** - The therapeutic relationship is unique to any other kind of relationship. For your protection and to preserve the integrity of our work, there are certain boundaries which are held in therapy. You are expected to come to therapy, live up to your financial obligations, and be honest in our work together. You will never be asked to engage in any kind of personal relationship with me, and I would be unable to do so with you. Although therapy work can be extremely personal and meaningful, the relationship will always remain professional. We will only meet in my office or for structured groups and only at scheduled times. Even once therapy is terminated, we will be unable to have a relationship other than a therapist/client relationship. This ensures the preservation of the therapeutic relationship if you should ever choose to return to therapy. We can discuss any particular feelings you may have in response to these therapeutic boundaries. In fact, this is an important part of the therapy process if and when it becomes an issue.

**Confidentiality for Couples and Families** – Clients being seen in couple, family or group work are obligated legally to respect the confidentiality of others. I will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process. When I am working with couples, or a family with two legal guardians, I am obligated to preserve confidentiality on behalf of the couple. This means that I will not release any information about either member of the couple without the consent of both, including for divorce proceedings. This also means that I will not hold individual confidences of either party that will jeopardize my allegiance to both parties in the couple. Secrets cannot be kept by me from others involved in your treatment—any secret that you tell me but refuse to share with your partner will result in termination of our therapeutic relationship. Please refer to the Couples Therapy Statement of Understanding for more details about my policies with couples.

When working with children or adolescents, I do not reveal to parents everything that a child or an adolescent tells me, because this would interfere with the need to establish trust and rapport with your child. If a child or adolescent, however, tells me anything that makes me seriously concerned about his/her safety and well-being or the safety and well-being of someone else, the child or adolescent's only choice regarding confidentiality is to participate or not to participate in telling his/her parents.

**The Appointment Hour** - A therapy "hour" session consists of 50-55 minutes of therapy time. There are times more time may be needed, and arrangements can be made for longer therapy sessions; the fee will be adjusted accordingly. If I am late for an appointment, I will either complete with you the full time of your appointment (assuming your schedule permits) or owe you the extra time. If you are late, the appointment will end at its scheduled time and you are responsible for full payment.

**Termination** - Termination is an important process in psychotherapy. If you are ready to begin the process of terminating, we will discuss this and spend time putting closure on our work together. Terminating treatment is usually up to the client. There are occasions, however, when the therapist may initiate termination. The reasons for this decision will be discussed with you and will include an explanation. Possible reasons for a therapist terminating treatment include: failure on your part to comply with mutually developed treatment goals and procedures; the realization that you are not benefitting from therapy; failure on your part to pay a bill; any violent, abusive, threatening or litigious behavior on your part; and/or if the therapeutic relationship is compromised in any way due to unforeseen circumstances. Any non-voluntary termination will be accompanied by an appropriate referral.

I leave it up to you to call and request an appointment time. If you have an appointment and do not show up, I will attempt to contact you one time and then take you off the schedule and consider you terminated. If you cancel an appointment and

do not call back within one month to reschedule, then you will be considered terminated. Unless arrangements are made, if you are a regular client but have not called to schedule an appointment for one month, then you will be considered terminated.

**Interaction with the Legal System** - I understand that I will not involve or engage my therapist in any legal issues or litigation in which I am a party to at any time either during my counseling or after counseling terminates. This would include any interaction with the Court system, attorneys, Guardian ad Litem, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system. In the event that I wish to have a copy of my file, and I execute a proper release, my therapist will provide a copy of my record to a designated person or agency. If I believe it necessary to subpoena my therapist, I would be responsible for his or her expert witness fees in the amount of \$1,500.00 for one-half (1/2) day to be paid five (5) days in advance of any court appearance or deposition. Any additional time I spend over one-half (1/2) day would be billed at the rate of \$375.00 per hour including travel time. I understand that if I subpoena my therapist, he or she may elect not to speak with my attorney, and a subpoena may result in my therapist withdrawing as my counselor.

**Privacy** - In daily practice, I or the office, may use facsimile, email, written correspondence, and cellular phone service. In all these instances, confidentiality will be protected to the best of my ability, but is limited due to the risk of information being overheard or ending up in the wrong hands. Every precaution will be taken to protect your privacy.

**Client Rights** - You have the right to information regarding my training and professional credentials. You have the right to be treated by me in a consistently competent, ethical and respectful manner. You have a right to a personal, individual assessment of your treatment needs in which your expertise about yourself is as important as my professional opinion about you. You have a right to referrals to other competent professionals and services when your treatment needs indicate it. You have a right to ask questions about the approach and methods I use and to decline the use of certain therapeutic techniques. You have the right to confidential treatment except in circumstances already described in this document. You have the right to information regarding anticipated length of treatment and prognosis if you stop treatment. You have the right to stop receiving therapy from me without any obligation other than to pay for the services you have already received unless you are a danger to yourself or someone else. You have a right to resume services following termination after assessment. You have a right to discuss your treatment, concerns, questions, and complaints with me.

**PLEASE SIGN BELOW AND INITIAL THE RIGHT CORNER OF EACH PAGE TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION DESCRIBED HEREIN AND THAT YOU HAVE DISCUSSED WITH ME ANY PART OF THE INFORMATION YOU DO NOT UNDERSTAND.**

**ALL FAMILY MEMBERS SHOULD SIGN BELOW. IF MINOR CHILDREN ARE INVOLVED, PLEASE PRINT THEIR NAMES AND IDENTIFY WHO IS THE PARENT/GUARDIAN SIGNING FOR THEM.**

**THE ORIGINAL COPY OF THIS DOCUMENT WILL REMAIN IN MY FILE AND I WILL GIVE YOU A COPY AT YOUR REQUEST.**

***“I UNDERSTAND THE FINANCIAL POLICY, INCLUDING THE 24-HOUR (48 HOURS ON WEEKENDS) CANCELLATION REQUIREMENT TO AVOID FULL CHARGE FOR CANCELLED APPOINTMENTS. I ALSO UNDERSTAND THAT THIS PROVIDER IS NOT ON INSURANCE PANELS AND DOES NOT FILE INSURANCE CLAIMS.”***

**Your signature below indicates that you have read this Agreement and Office Policies and agree to their terms.**

**Signature and printed name(s) of client(s):**

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

**Signature of Therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_