

Specialized Assessments and Treatment, LLC
Counseling Informed Consent

CONFIDENTIALITY: Everything you say the sessions the written notes I take are confidential and may not be released to anyone without your written permission except when disclosure is by law. ___Initial

WHEN DISCLOSURE IS REQUIRED BY LAW: disclosure is required or may be required by law when there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where client presents a danger to self, to others, or to property, or is gravely disabled; and when a family member communicates to me that the client presents a danger to others. Disclosure may also be required by the courts. I will not release the records to any third party unless I am authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one client. ___Initial

HEALTH INSURANCE AND CONFIDENTIALITY OF RECORDS: disclosure of confidential information may be required by your health insurance carrier or other third party payer in order to process the claims. Only the minimum necessary information will be communicated to the carrier. ___Initial

RECORDS IN YOUR RIGHT TO REVIEW THEM: the law required that I keep treatment records for at least six years. As a client, you have the right to review will receive a summary of records at any time, except in limited legal or emergency circumstances when I feel that releasing such information might be harmful in any way. Upon your request, I will release information to any agency/person you specify the less I feel that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in case of couple and family therapy, I will release records only with signed authorizations from all the adults involved in the treatment. ___Initial

TELEPHONE AND EMERGENCY PROCEDURES: If you need contact me between sessions, please call me 216-256-3326. I do not answer I will return your call as soon as possible. If emergency situation arises, indicated clearly in your message and if you need to talk to someone right away call 911 or go to your nearest emergency room. ___Initial

THE PROCESS OF THERAPY/ EVALUATION AND SCOPE OF PRACTICE: Therapy can affect you in many ways. You may resolve the problem you came in for, but it takes effort on your part I want you to be open and honest. They also talk about unpleasant events which may cause you discomfort and may challenge some of your ways of thinking. It was also know that while we expect change, there is no promise that this therapy will yield a positive result. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. I am likely to draw on various psychological approaches. These approaches may include behavioral, cognitive – behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho –educational. I do not prescribe drugs.
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TREATMENT PLANS: On approximately your second visit, I will discuss with you my working understanding of the problem, treatment plan, and therapeutic objectives in my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy or about the treatment plan, please ask and I will explain it to you. You will also have the right to ask about other treatments for your condition and their risks and benefits. ___Initial

TERMINATION: After the first meeting: I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In that case, I will give you a number of referrals whom you can contact. If at any point during therapy you are non-compliant, I will terminate treatment. In such a case, I will give you a number of referrals that may be of help to you. Upon your request, I will provide her or him with the essential information needed. You have the right to terminate therapy at any time.

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DUEL RELATIONSHIPS: Not all dual or multiple relationships are unethical or avoidable. Therapy never involves any dual relationship that impairs the therapist objectivity, clinical judgment or can be exploitive in nature. It is important to realize that in some areas multiple relationships are unavoidable. I will never publicly acknowledged working with you without written permission. I will not accept you as a patient if I feel significant dual or multiple relationships exist. I will not accept you as a patient if I feel a significant dual or multiple relationships exist. It is your responsibility to advise me if any dual or multiple relationships becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if you find it is or may interfere with the effectiveness of the therapy or your welfare. You may do the same at any time.

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COURT TESTIMONY: The goal of psychotherapy is a reduction of stress and interpersonal conflict. Additionally, by starting treatment, you are agreeing not to involve me in legal proceeding or attempt to obtain treatment records for legal or court proceedings. In the event That I am required to provide treatment records for testimony and any legal proceedings, you will be charged \$150 per hour for any preparation time I or other personnel spend getting ready to appear or turn over documents. You are agreeing to pay me \$750 per four hour block of time that I spend being on call to testify, traveling to and from court/ deposition, waiting to appear, and/or testifying. The minimum charge will be for four hours of time and subsequent time will be billed and four hour blocks. An initial \$750 is due in for one week prior to any scheduled court appearance/depositions.

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SOCIAL NETWORKING AND INTERNET SEARCHES: At times, I may conduct a web search on my clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with me. I do not accept friend requests from current or former clients or social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking websites.

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Client's Signature: _____ | _____ **Date** _____

Therapist's Signature: _____ **Date** _____