

[Counselor's Name/Name of Practice] [Address] [Phone Number]

Checking keys points of INFORMED CONSENT

THIS IS A SAMPLE/LEGAL ADVICE IS NOT BEING GIVEN/THESE ARE SUGGESTIONS

You [client] have the right to privacy, a right to decide the time/place/extent of self-disclosure and to be a participant in the treatment/therapy process.

Your relationship with your counselor is professional in nature. It is your counselor's responsibility to ensure an atmosphere of safety for you. To protect your privacy when paths cross in the community, there will be no discussion(s) of the clinical relationship/work. Those discussions occur only in the therapeutic setting.

Counseling deals with private aspects of your life and with difficult and emotional issues. There may be a time when you feel confused or troubled by something that occurs during counseling. You are encouraged to talk about this with me [your counselor]."

The approaches I generally use include: (IE: COGNITIVE- BEHAVIORAL THERAPY, AND FAMILY SYSTEMS).

Typically, therapy begins with an assessment that identifies your unique needs, your goals, as well as your strengths and resources."

Counseling can be beneficial, but as with any treatment, there are risks. It may not provide the results you're hoping for. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving.

I cannot guarantee these benefits, of course, but it is my goal is to create a safe environment where together we develop a treatment plan, and therapeutically work toward your goals.

There are several reasons why the counseling relationship can be brought to completion, to address a few: Client is not benefiting from counseling; Client needs a higher level of care; the Counseling is, or comes to be, outside the clinician's scope of work, Client requests another counseling intervention outside the clinician's scope of work.

You can bring counseling to completion by your own choice or I can bring counseling to a conclusion based my professional clinical judgement. If your treatment needs are outside my scope of practice, or to manage or prevent conflicts of interest, you may be referred to another provider(s).

If in my clinical judgement the counseling relationship [therapeutic alliance] or the culture of safety has been affected due to [conflict of interest, rural area issues, etc.], I will assist you with other counseling options; acting ethically in your best interests.

Your treatment is confidential. I enter information into your record that accurately reflects relevant clinical interactions. The Privacy Practices Notice gives more detail about your rights to confidentiality. In most circumstances, information in your records can be released only if you specifically authorize it in writing.

However, in the following situations your confidential information may be released to others without your consent:

- I am required by law to report information about child abuse/neglect or elder abuse/neglect, which includes vulnerable adults of all ages.
- “If you threaten to harm yourself or someone else, and I believe your threat to be serious, I am required by law to take whatever actions necessary to protect you or others from harm.
- If you are involved in litigations, I may be required to disclose your health information if a court issues an appropriate order.

CUSTOMIZE AS NEEDED

And VERBALIZE ANY OTHER ITEMS YOU MAY WANT TO CLARIFY...

Practitioner’s availability in general and in cases of emergency, between sessions.

Concerns/expectations re: social media, texting limitations to appt reminders/cancelations, gift policies, potential conflicts of interest, dual/multiple roles

My counselor has verbally reviewed the items on these two pages and has provided me an opportunity to ask question and seek clarification.

Client (PRINT NAME)

CLIENT SIGNATURE

DATED: _____