



Informed Consent and Therapeutic Contract

With Shelby Knapple, LPC-TA and Sarah Strom, LAC

➤ Part I: The Group Therapy Process

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, require effort on your part and may result in your experiencing discomfort. Change often will be easy and swift, but it can also be slow and sometimes frustrating. Remembering unpleasant events and resolving them through therapy can bring on strong feelings which have to be dealt with. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended.

As part of my therapeutic process, I use several techniques including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Eye Movement Desensitization and Reprocessing (EMDR). Cognitive Behavioral Therapy being the major theoretical perspective.

➤ Part II: Client's 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 will 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 with me to any person you specify, with the exception of therapy notes. 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 at any time.
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, although I almost always

choose to openly discuss these with my clients so that we can process together. These legally defined situations include:

If you reveal information to me about child abuse or neglect, elder abuse, or dependent physical abuse, I must make a report to protective services. When a perpetrator of child abuse is in contact with minors and there is a reasonable suspicion that he/she may still be abusing minors, I must report that information.

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.

If you are in therapy or being tested due to an order of a court or lawyer, the results of the treatment or tests ordered must be revealed to that court or lawyer.

If a court of law issued a legitimate subpoena, I am required by law to provide the information specifically described in that subpoena. Although, I will do my best to keep the disclosed information to a minimum.

If you are in a lawsuit where emotional harm is being claimed, 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. If you ask, I will explain customary approach and methods with you.
5. You have the right to choose NOT to receive therapy from me. If you choose this, I will provide you with names of other qualified professionals 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:

When I believe that therapy is no longer beneficial to you.

When I believe that you will be better served by another professional, whom I will recommend. I will assist you in finding someone qualified. If I have written consent from you, I will provide that professional with information he/she requires.

When you have not paid for last two session, unless special arrangements have been made with me.

When you have failed to show for your last two therapy sessions without a 24-hour notice.

If any of these situations apply, I will send you a certified letter to your address of record to inform you of my decision, and I will give you the names of several therapists for your future counseling needs.

As life can bring unexpected circumstances, should I be unable to continue your therapy, my trusted colleague, Amber Cervantes, will contact you to discuss what would be best for you at that time.

➤ Part IV: Office Communications

I agree to and understand that any information that I send/receive to/from Wholistic Health via text messaging, email, or other means such as Facebook Messenger is not secure per the requirements of the Health Information Portability and Accountability Act of 1996 and that any data sent thereby could be compromised.

Part V: Office Policies

- Emergency Procedure: An emergency is an unexpected event that requires immediate attention and can be threat to your health. If an emergency situation arises, please state that when you leave your message and I will return your call a soon as possible. If I have not called you back within 60 minutes, the emergency persists, or the emergency requires it, please call your primary care physician or admit yourself to a hospital for observation.

Part VI: Consent for Treatment

- I authorize Shelby Knapple, LPC-TA and Sarah Strom, LAC to carry out treatment that is advisable now or during the course of my treatment as a client.

I acknowledge that no guarantees have been made to regarding the results of this treatment.

I understand that within the scope of this treatment is no intent to cause detrimental effects to the individual.

I understand that I may withdraw consent for treatment at any time.

The consent is effective for one year from the date of my approval.

- I have read and fully understand this Consent for Treatment form.

Date: _____

Client's Signature _____

Therapist's Signature _____

Parent or Guardian Signature of minor child _____