



INFORMED CONSENT FORM

What is therapy and how does it work? Therapy is the process of solving emotional problems by talking with a person professionally trained to help you achieve a more fulfilling individual life, marital relationship, or family relationships. The process of change will, in many ways, be unique to your situation. Who you are as a person will help to determine how you go about changing your life. The process of change begins by first defining the problem, discussing your thoughts and feelings, understanding the origins of the problem and developing new skills and healthy attitudes about yourself and others. The most important factor in the success of therapy is good communication between therapist and client. Often talking about your difficulties may exacerbate your symptoms, and cause you emotional pain, however, over time you should see an improvement. Goals may shift over time but it is important to keep them in the forefront of therapy as we work together.

Confidentiality

By law and professional ethics, your sessions are strictly confidential. Generally, no information will be shared with anyone without your written permission. If you are seeing another therapist or health professional it may be necessary for me to contact that person so that we can coordinate our efforts. If this is necessary I will ask for your permission. There are however, a number of exceptions to this confidentiality policy.

- If I am ordered by the court to testify or release records.
- If you are a victim or perpetrator of child abuse I am required by law to report this to the authorities responsible for investigating child abuse.
- If you are a victim or perpetrator of elder or dependent adult abuse I am required by law to report this to the appropriate authorities.
- If you threaten harm to yourself, someone else or the property of others, I may be required to call the police and/or warn the potential victim, or take other reasonable steps to prevent the threatened harm.

Cancellations

Please provide 24 hour notice if you need to cancel.

Should you have any questions at any time, please ask.

I/we have read, understand and agree to the information and policies described in this client information form.

Client's Name

Therapist's Name

Signature

Signature

Date

Date