

DZ Counseling/ Daniel Zykorie, LLC
Counseling and Neurofeedback Training
Children, Adolescent, Adults Couples & Families
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Informed Consent for Psychotherapy/Counseling

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for client and counselor to reach a clear understanding about how the counseling relationship will work, and what each can expect. This consent will provide a clear framework for working together. Feel free to discuss any of this with your counselor.

The Therapeutic Process

You have taken a positive step by deciding to seek counseling. The outcome of your treatment depends on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. Your counselor cannot promise that your behavior or circumstance will change. Your counselor can promise to support you and do absolute his/her/their best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be kept confidential unless the client requests in writing with a signature to have all, or portions of such content released to a specifically named person/persons for specified purposes. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide, or otherwise conducts him/herself in a way there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the counselor has a reasonable suspicion or it is reported that a client or other named party, is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.
4. Suspicions or reports from clients of actual or suspected situations as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected or communicated neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in counseling or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney in concert with such court order.
8. Official licensing board investigations/actions against counselor requiring release of records.

Occasionally your counselor may need to consult with other professionals in their areas of expertise to provide the best treatment for you. Information about you may be shared in this context without using your name or other identifying information.

We abide by the legal and ethical standards for confidentiality maintained by the NJ Board of Social Work Examiners or NJ Professional Counselor Examiners Committee and by relevant laws of the State of New Jersey. In general, the privacy of all communications between a patient and a licensed clinical social worker is protected by law, and we can only release information about our work to others with your written permission. Legal exceptions to your right to confidentiality occur in the case of imminent risk or danger to the client or others, child abuse/neglect, or in the case of a court order. We would inform you of any time when we think we must put these into effect. Please ask us if you would like any additional information about confidentiality.

If counselor and client see each other accidentally outside of the counseling office, counselor will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance, and your counselor does not wish to jeopardize your privacy. However, if you acknowledge counselor first, counselor will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

EMERGENCIES

If you are experiencing a clinical emergency, please call 911 or go to your nearest hospital emergency room. Please call to inform your clinician. If at any time during treatment you are concerned that you may be “in crisis” between sessions, please let your counselor know so that he/she/they can make appropriate plans for your immediate safety.

My signature below indicates that I have read and understand the office policies of DZ Counseling/ Daniel Zykorie, LLC and agree to treatment under these conditions.

Client's Name (14 yrs. and older) Date Client's Signature

If client is under the age of 18, Parent must sign:

Parent's/Legal Guardian's Name Date Parent's/Legal Guardian's Signature