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Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is both highly personal and contractual. Because of this, it's important for us to have a clear understanding of how our relationship will work and what each of us can expect. This consent form provides a framework for our work together. Please feel free to discuss any part of this with me. After reviewing, indicate your agreement by completing the acknowledgment section at the end of this document.

The Therapeutic Process

You have taken a positive and meaningful step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in the process, which may at times bring up discomfort. Remembering difficult experiences and exploring related emotions may lead to feelings such as anger, sadness, or anxiety.

There are no miracle cures, and I cannot promise specific outcomes or changes in your circumstances. What I can promise is to support you, to do my best to understand you and your patterns, and to help you clarify what you want for yourself and work toward your goals.

Cancellation Policy

I understand that situations arise that may require rescheduling or canceling an appointment. Out of courtesy, please provide at least **24 hours' notice** if you need to cancel or reschedule.

Appointments not canceled within this timeframe are considered **missed appointments**, and you will be billed for the session. If cancellations or missed appointments become a recurring issue, we can discuss this together to create a plan that works for both of us.

Confidentiality

The content of sessions and all materials relevant to your treatment are held in strict confidence unless you provide written consent to release information to a specifically named person or entity.

However, there are certain **legal and ethical exceptions** to confidentiality, which are as follows:

1. If you threaten or attempt to harm yourself, or otherwise act in a way that poses a substantial risk of serious bodily harm.
2. If you threaten serious bodily harm or death to another person.
3. If there is reasonable suspicion that you or someone else has been involved in the physical, emotional, or sexual abuse of a child under the age of 18.
4. If there is reasonable suspicion of abuse or neglect of an elderly or dependent adult.
5. If a court of law issues a legitimate subpoena requiring the release of information.

At times, I may consult with other professionals to ensure you receive the best possible care. In such cases, your identity will not be revealed, and confidentiality will be strictly maintained.

If we happen to see each other outside of the therapy setting, I will not acknowledge you first to protect your privacy. However, if you greet me, I will gladly respond briefly but will avoid engaging in lengthy conversation in public out of respect for your confidentiality.

Signature: _____

Date: _____

I have read and understand the above mentioned