

# INFORMED CONSENT FOR PSYCHOTHERAPY SERVICES

**Lotus Patch Counseling / Justin Nixon LPC-MHSP**

750 Old Hickory Blvd # 2-150

Brentwood, TN 37027

Phone: 615-200-0995

**Effective Date: January 15, 2026**

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## WELCOME AND GENERAL INFORMATION

You have taken an important step by seeking therapy. This document establishes a clear framework for our therapeutic relationship and outlines what you can expect from treatment. Please read this carefully and discuss any questions with me before beginning services.

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## THE THERAPEUTIC PROCESS

### Nature of Therapy

Psychotherapy is a collaborative process that requires active participation from you. The outcome of treatment depends largely on your willingness to engage in the process, which may at times result in discomfort. Remembering unpleasant events and becoming aware of associated feelings can bring strong emotions including anger, depression, or anxiety.

### What I Can and Cannot Promise

I will support you, work to understand you and any repeating patterns, and help you clarify what you want for yourself. However, I cannot guarantee that your behavior or circumstances will change. There are no miracle cures, and meaningful change requires time and effort.

### Your Rights as a Client

You have the right to:

- Receive respectful, competent, and ethical treatment
- Ask questions about your treatment at any time
- Refuse or discontinue treatment
- Request a referral to another provider
- Receive a copy of your clinical records (excluding psychotherapy notes as defined by HIPAA)
- Be informed of my qualifications, approach, and fees

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## CONFIDENTIALITY

### General Rule

All session content and treatment materials are confidential and will not be released without your written authorization, except as required or permitted by law.

### Mandatory Exceptions to Confidentiality

Tennessee law and professional ethics require me to disclose information without your consent when:

1. **Imminent Danger to Self:** You threaten or attempt suicide or engage in behavior that presents substantial risk of serious bodily harm to yourself
2. **Imminent Danger to Others:** You threaten grave bodily harm or death to another person
3. **Child Abuse or Neglect:** I have reasonable suspicion of physical, emotional, or sexual abuse or neglect of a child under age 18
4. **Vulnerable Adult Abuse or Neglect:** I have reasonable suspicion of abuse or neglect of an elderly person or vulnerable adult
5. **Court Orders:** A court issues a legitimate order requiring disclosure of information
6. **Court-Ordered Treatment:** You are receiving treatment by court order, or I am providing an evaluation for legal proceedings

## **Professional Consultation**

I may occasionally consult with other qualified professionals to provide you with the best treatment. In such cases, information is shared without using your name or identifying details.

## **Accidental Encounters**

If we encounter each other outside the therapy office, I will not acknowledge you first to protect your privacy. If you choose to acknowledge me, I will respond briefly but will not engage in lengthy conversations outside the office setting.

## **Minors (Age 16-17 in Tennessee)**

Under Tennessee law, minors age 16 and older receiving mental health services have the same confidentiality rights as adults, including the right to consent to disclosure of their information. For minors under age 16, parents/guardians may be legally entitled to some information. I will discuss with you and your parents what information is appropriate to share and what should remain confidential.

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# **APPOINTMENTS AND SCHEDULING**

## **Session Length**

Standard therapy sessions are 50 minutes. You may request different session lengths, which must be discussed and scheduled in advance.

## **Cancellation Policy**

You must cancel or reschedule appointments at least 24 hours in advance. **You will be charged the full session fee for cancellations made with less than 24 hours notice.** This policy is necessary because appointment times are reserved exclusively for you.

## **Late Arrivals**

If you arrive late for a session, the session will end at the originally scheduled time, and you will lose the missed portion of your appointment.

## **Missed Sessions Without Notice**

If you fail to schedule an appointment for three consecutive weeks without making prior arrangements, I must consider the professional relationship discontinued for legal and ethical reasons.

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# COMMUNICATION BETWEEN SESSIONS

## Phone and Voice Mail

If you need to contact me between sessions, leave a message on my voice mail at 615-200-0995. While I am often not immediately available, I will attempt to return your call within 24 business hours. Face-to-face sessions are highly preferable to videoconferencing sessions. However, videoconferencing sessions are available if you are out of town, ill, or need additional support.

## Electronic Communication

**Email and text messaging are not secure forms of communication.** If you choose to communicate via email or text for scheduling or cancellations, I will accommodate this. However:

- Do not use email or text to discuss therapeutic content
- Do not use these methods to request assistance for emergencies
- I cannot guarantee immediate responses

## Social Media

To protect your confidentiality and maintain appropriate therapeutic boundaries, I do not accept friend or contact requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc.). Adding clients as connections can compromise confidentiality and blur therapeutic boundaries.

## Emergencies

In the event of a true emergency, call 911 or go to your nearest emergency room. I am not available for immediate crisis intervention.

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# FEES AND PAYMENT

## Payment Responsibility

You are responsible for payment of all fees at the time of service unless other arrangements have been made in advance.

## Returned Checks

A \$20.00 service charge will be assessed for any checks returned for any reason.

## Insurance

If you are using insurance, you are responsible for understanding your coverage and any out-of-pocket costs. I will provide documentation for claims, but you remain responsible for payment if your insurance denies coverage.

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# TERMINATION OF TREATMENT

## Planned Termination

Ending therapeutic relationships can be difficult. A termination process is important to achieve closure. The appropriate length of the termination process depends on the length and intensity of treatment. I will discuss termination with you appropriately before concluding services.

## My Right to Terminate

I may terminate treatment after appropriate discussion with you if I determine that:

- Psychotherapy is not being effectively used
- You are in default on payment
- I am not qualified to provide the services you need
- A conflict of interest develops

I will not terminate the therapeutic relationship without first discussing and exploring the reasons. If therapy is terminated for any reason or you request another therapist, I will provide you with referrals to qualified professionals.

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## ACKNOWLEDGMENT AND CONSENT

By signing below, I certify that:

- I have read this informed consent document or had it explained to me
- I fully understand its contents, including the risks and benefits of psychotherapy
- I have been given an opportunity to ask questions, and my questions have been answered to my satisfaction
- I consent to participate in psychotherapy

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**BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

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*Client Name (Print):* \_\_\_\_\_

*Client Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Parent/Guardian Signature (if client is under 18):* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Therapist Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_