**NEVADA PSYCHOTHERAPY PRACTICE LLC**



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**Introduction and Informed Consent for Psychotherapy**

Welcome to my practice. I appreciate you giving me the opportunity to be of help to you. This new client introductory information and informed consent answers some questions clients ask about any therapy practice. It is important to me that you know how we will work together and for you to have a clear idea of what we are trying to do. After you have read this introduction to therapy we can discuss, in person, how these issues apply to your own situation. This introduction is yours to keep and refer to later. Please read all of this introduction, mark any parts that are not clear to you, and write down any questions you think of. Please initial your understanding of each section and when you have read and fully understand this information, I will ask you to sign it at the end. I will sign it as well and can make a copy for you, if you’d like.

**About Psychotherapy**

Because you will be putting a good deal of time, money, and energy into therapy, you should choose a therapist carefully. I strongly believe you should feel comfortable with the therapist you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. My theoretical approach is based on my background in family systems as well as being grounded in cognitive-behavioral therapy. What this means is that I believe that how a person perceives and thinks about the events in their life sometimes leads to feelings and behaviors that they may no longer find useful. My focus will be to help you understand these components and find new ways of perceiving and acting that feel more self-honoring. The goals of my treatment are for you to understand yourself better and enable you to effect change in your own life. Additionally, I will take notes during our meetings and you are welcome to do the same.

By the end of the first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on, I use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy. I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, and its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are not instant, painless cures and no ‘magic pills.’ However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Some of my clients will see me once a week or every other week for a time then therapy sessions will usually change to less frequently for several months. Therapy then usually comes to an end. The process of ending therapy, called ‘termination,’ can be a very valuable part of our work. Stopping therapy should not be done causally, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy any time, I ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, and future work that needs to be done, and our choices. If you would like to take a ‘time out’ from therapy to try it on your own, we should discuss this. We can often make such a ‘time out’ more helpful.

\_\_\_\_\_\_\_\_ I understand the basics of psychotherapy treatment and the therapists theoretical background.

*Initial here*

**The Benefits and Risks of Therapy**

As with any powerful treatment there are some risks as well as many benefits with therapy. You should think about both the

benefits and risks when making any treatment decisions. For example, in therapy there is a risk that clients will, for a time, have

uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other difficult feelings. Clients

may recall unpleasant memories. These feelings or memories may bother a client at work or home. Also, clients in therapy may

have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and

sometimes may even lead to a divorce. Sometimes, too, a client’s problems may temporarily worsen after the beginning of

treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with

our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of

well-designed research studies. People who are struggling with different emotions may find their mood lifting. Others may no

longer feel afraid, angry, or anxious, In therapy people have a chance to talk things out fully until their feelings are relieved or

their problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of

social and family relationships. Their personal goals and values may become clearer. They may grow in many directions as a

person, in their close relationships in their work or schooling, and in the ability to enjoy their lives.

I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about your progress. If

you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other

treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use

of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by

another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional in addition to

me. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you

wish for another professional’s opinion at any time, or wish to talk with another therapist, I will help you find a qualified person

and will provide him or her with the information needed.

\_\_\_\_\_\_\_\_ I understand there are both benefits and risks to psychotherapy treatment and understand that I can withdraw

*Initial here* from treatment at any time. I also understand there are no promises of getting better in therapy.

**What to Expect from the Therapeutic Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the ethical

guidelines and laws of the State of Nevada and the licensing boards under which my licenses were granted. In your best

interest, ethical guidelines put limits on the relationship between a therapist and a client, and I will abide by these. Let me

explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained in psychology—not law, medicine, finance, or any other profession. I am not able to give you good

advice from these other professional viewpoints. Second, state laws and my ethical obligations require me to keep what you tell

me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations.

I explain those in the “About Confidentiality” section of this introduction and informed consent to therapy. Here I want to

explain that I try not to reveal who my clients are. This is part of my efforts to maintain your privacy. If we meet on the street

or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you but a way to maintain

the confidentiality of our relationship.

Third, in your best interest and following ethical standards, I can only be your therapist. I cannot have any other role in your

life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is

already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I

cannot have a business relationship with any of my clients, other than the therapy relationship. Therapists also cannot accept

gifts.

\_\_\_\_\_\_\_\_ I understand my therapist cannot have a dual relationship with me and cannot accept gifts.

*Initial here*

**Electronic Communication**

The use of various types of electronic communications is common in our society, and many individuals believe this is the preferred

method of communication with others professionally and socially. Many of these common modes of communication, however, put

your privacy at risk and can be inconsistent with the law and with the standards of my profession. The following section reviews

my policy about electronic communication.

**Email and Text Communication**: I use email and text messaging only with your permission and only for administrative purposes

unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to

things like setting and changing appointments, billing matters and other related issues. Please avoid emailing me about clinical

matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call

me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face

context simply is much more secure as a mode of communication.

**Recording Devices**: I have a number of smart devices that have microphones, including my cell phone, laptop, and other devices

that may be in the office. These devices generally have voice control turned off, and so are not recording. However, for any device

that is voice controlled, recorded snippets of conversation may be sent to the device manufacturer. If you bring a smart device

to sessions, it is wise to turn your voice control off in order to protect your confidentiality.

**Social Media:** I do not communicate with or contact any of my clients through social media platforms like Twitter and Facebook.

In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This

is because these types of casual social contacts can create significant security risks for you. While I may personally participate

on various social networks, I do not do so from a professional standpoint. If you have an online presence, there is a possibility

that you may encounter me by accident. If that occurs, please discuss it with me during our time together.

**Websites:** I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

**Web Searches**: I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment. Recently it has become common for clients to review their health care provider on various websites. However, mental health professionals cannot respond to such comments because of confidentiality restrictions. It is also generally preferable for clients to discuss their concerns directly with their health care provider. If you have concerns or questions about any aspect of our work together or about any previously posted online reviews of my practice, please let me know so that we can discuss them. I recommend that you do not rate my work with you on any website for several reasons. If you rate my work on a website while you are in treatment with me, it has the potential to affect our therapeutic relationship. If you choose to post an online review about me or another health care provider either while you are in treatment or afterwards, please keep in mind that you may be revealing confidential information about your treatment.

\_\_\_\_\_\_\_ I understand this policy about Electronic Communications. I give permission to text or email to confirm appointments

*Initial here* and billing information. I also understand that I am giving permission for my therapist to call me, text me, leave

 messages, and send me mail.

**About Confidentiality**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about

you are kept private. That is why I ask you to sign a “release of records” form before I can talk about you or send my records

about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment

from me.

In all but a few rare situations, your confidentiality is protected by state law and by the rules or ethics of my profession. Here

are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you are unable to take care of yourself due to a mental illness, make a serious threat to harm yourself, or to harm another person, the law requires me to try to protect you or that other person. This usually means telling others about the situation. I cannot promise never to tell others about threats you make.
4. If I believe a child, an elderly person, or a dependent adult has been or will be abused or neglected, I am legally required to report this to the authorities.
5. Additional, rare instances where disclosure is required or allowed by law.

There are two situations in which I might talk about part of your case with another therapist, thus I ask now for your understanding and agreement to let me do so. First, when I am away from the office for a few days, I may have a trusted fellow therapist ‘cover’ for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality. Second, I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

Other than the situations described above, I will always maintain your privacy and confidentiality. I also ask you not to disclose the name or identity of any other client being seen in my office. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me. If we do family or couple’s therapy where there is more than one client present in a session, and you want to have my records of this therapy sent to anyone, all of the adults present in the therapy will have to sign a release.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservation, and appropriate access. Further, if there is ever an unplanned interruption in our therapy, I could refer you to three other therapists if you so desire.

As part of cost control efforts, an insurance company will sometimes ask for more information on symptoms, diagnosis, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else that were sent to me. In some very rare situations, I may temporarily remove parts of your record before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you. It is my office policy to destroy clients’ records 7 (seven) years after the end of our therapy. Until then, I will keep your case records in a safe place. However, if you were to call me a few years after your first termination, I would open up the whole case and start counting the seven years from the second termination.

\_\_\_\_\_\_\_ I understand the rules about confidentiality and the conditions under which my confidentiality might be limited.

*Initial here* I understand that my therapist may consult with another professional regarding my case and that my identity will

be kept confidential unless a signed release is in place. I understand that in the case of an emergency or should

 therapy be interrupted, another therapist will be available to cover my case. I understand my therapist must

 release confidential information to my insurance company in order to obtain certification and payment.

 I understand that I have the right to review my file and that my records will be kept for seven years after

 terminating psychotherapy.

**My Background**

I am a marriage and family therapist and clinical alcohol and drug counselor. I have worked in private practice since 2000.

Earlier in my career I worked in clinics and psychiatric hospitals. I have conducted therapy with adults, adolescents, children,

couples, and families. I hold these qualifications:

* I have a Doctorate in Psychology from Capella University, in Minnesota.
* I have a Masters in counseling psychology from California State University, Chico.
* I completed an internship before becoming fully licensed.
* I am a licensed Marriage and Family Therapist (LMFT) in Nevada.
* I am a licensed Clinical Alcohol and Drug Counselor (LCADC) in Nevada.
* I am a member of the APA—American Psychological Association and the Nevada Psychological Association.
* I am a member of the AAMFT—American Association of Marriage and Family Therapists and I am an AAMFT approved Supervisor.
* I have additional training with a specialty in trauma, cognitive behavioral therapy, and dialectical behavioral therapy.
* I am current in completing on-going continuing education to maintain my licenses.

**About Our Appointments**

The very first time I meet with you, we will review and sign all the required documents. We will usually meet for a 45-50 minute

session once a week, then less often. We can schedule meetings for both your and my convenience. I will tell you at least a

month in advance of my vacations or any other time we cannot meet. Please ask about my schedule in making your own plans.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I

ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable

to meet for the full time, because it is likely I will have another appointment after yours. If you schedule on Saturdays I would

respectfully ask for your flexibility in moving your appointment if I have a cancellation.

A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not

to miss sessions if you can possibly help it. When you must cancel, please give me at least 24 hours notice. I reserve the right

to charge you for unnotified missed appointments which will not be covered by your insurance company.

\_\_\_\_\_\_\_\_\_ I understand that sessions are 45-50 minutes long and I must call 24 hours before an appointment to

*Initial here* avoid being charged for a no-show.

**Fees, Payments, and Billing**

Payment for services is an important part of any professional relationship. This is even more true in therapy since one

treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my

services are paid for. Meeting this responsibility shows your commitment and maturity. My current regular fees are as follows:

***Regular therapy services***: For a session of 45-50 minutes, the billed fee is usually $150.00, however some contracts are for

different amounts due to special services provided outside of a normal session. If you are utilizing your insurance benefits, be

prepared to pay your co-payment at each session. Please pay for each session at its end. I have found that this arrangement

helps us stay focused on our goals: it works best. It also allows me to keep my fees as low as possible, because it cuts down on

complicated bookkeeping. I suggest you make out your check before each session begins, so that our time will be used best.

Other payment or fee arrangements must be worked out before the end of our first meeting.

***Teleheath*:** Technology has provided new opportunities for you to receive therapy even when you can’t make into my office. I

provide services via video to clients for whom telehealth services are a good fit. Benefits of telehealth services include

convenience and accessibility. Risks include the risks inherent to technology use, such as data being intercepted, or others at

your end of the conversation overhearing. I encourage you to make sure that you have a quiet, private space for our scheduled

treatment sessions. While research has generally been supportive of telehealth for the treatment of a variety of individual

diagnoses, there is little research to date on the effectiveness of telehealth for couples or family-based services, and as such,

these services are best categorized as experimental in nature.

***Telephone consultations***: There will be times that something important will come up that you will want to talk about in between

session. It is my policy that therapy is best accomplished in person. If the situation is very urgent, please call and we can speak

briefly on the phone and decide if you need to come in earlier than your regularly scheduled appointment. Phone consultations

will not be charged unless they become excessive or too lengthy. If this becomes the case, we will discuss the issue in a

therapy session.

***Reports***: I will not charge you for my time spent making routine reports to your insurance company. However, I will have to bill

you for any extra-long or complex reports you or your insurance company may request. Insurance companies generally do not

cover this fee.

**Court Involvement:** It is important to understand that it is my role to provide therapeutic services and it is my policy to have

as little court involvement as possible should some legal action arise. I am not an expert witness and it would be best if you hire

an expert witness through your attorney should you require such services. While you can certainly compel me to testify, I would

hope you would utilize other means.

***Other services*:** Charges for other services, such as hospital visits, consultations with other therapists, or home visits will be

based on the time involved in providing the service at my regular fee schedule. Some services may require payment in advance.

I will assume that our agreed upon fee paying relationship will continue as long as I provide services to you. I will assume this

until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any

services you receive before you end the relationship. If you need statements for tax purposes in addition to your cancelled

check, please let me know. You will be given advance notice if my fees should change.

If your insurance has a managed care contract, decisions about what kind of care you need and how much of it you can receive

will be reviewed by the plan. The plan has rules, limits, and procedures that we should discuss. Please bring your health insurance

plan’s descriptions of services to one of our early meetings, so that we can talk about it and decide what to do. Your insurance

may limit sessions and may not pay for certain types of treatment. You may decide to terminate therapy if the financial

obligations become burdensome but you can also decide to attend therapy utilizing the sliding-scale fee arrangement, mentioned

above. I will provide information about you to your insurance company only with your informed and written consent. I may send

this information by mail or by fax. My office will try its best to maintain the privacy of your records, but I ask you not to hold

me responsible for accidents or for anything that happens as a result.

\_\_\_\_\_\_\_\_\_ I understand that I am financially responsible for my therapy. I also understand that my insurance may limit

*Initial here* the amount of sessions but that I can continue to attend if I choose. I understand the limits of telehealth,

should I decide to use this method for therapy.

**If You Need To Contact Me or if I need to Contact Someone About You**

I cannot promise that I will be available at all times. Although I am in the office most days, I usually do not take phone calls

when I am with a client. You can always leave a voicemail message on my phone and I will return your call as soon as I can.

Generally, I will return messages daily except on Sundays and holidays. If you are having an emergency or crisis, please go to

the nearest emergency room or call 9-1-1.

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and

by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to

contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and

information of your chosen contact person in the blanks provided:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ I understand the contact procedures and what to do if I am having a psychological emergency. I understand that I

*Initial here* am giving permission for my therapist to contact someone in the event of an emergency.

**Statement of Principles and Complaint Procedures**

It is my intention to fully abide by the highest of ethical considerations and by those of my state license(s). However, problems

can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise

your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will

make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has

treated you unfairly or has even broken a professional rule, please tell me. You can contact the State of Nevada Board of

Marriage and Family Therapist Examiners at P.O. Box 370130, Las Vegas, NV 89134-0130, Phone: (702) 486-7388

and speak with them. They can help clarify your concerns or tell you how to file a complaint.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family

status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual

orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by

federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity,

human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter

to my attention immediately.

\_\_\_\_\_\_\_\_ I understand the complaint procedures.

*Initial here*

**EMDR Consent Form**

Eye Movement Desensitization and Reprocessing (EMDR) methodology is a form of adaptive information processing which may

help the brain unblock maladaptive material. It also appears that EMDR may avoid some of the long and difficult abreactive

work often involved in the treatment of anxiety, panic attack, posttraumatic stress symptoms (such as intrusive thoughts,

nightmares, and flashbacks), dissociative disorders, depression, phobias, identity crisis and other traumatic experiences.

I have also been specifically advised of the following:

1. Distressing unresolved memories may surface through the use of the EMDR procedure.
2. Some clients experience reactions during the treatment session that neither they or the administering clinician may have anticipated, including but not limited to, high levels of emotional or physical sensations. Subsequent to the treatment session, the processing of incidents and/or material may continue and dreams, memories, flashbacks, feelings, etc., may surface.
3. Those with limiting or special medical conditions (pregnancy, heart conditions, ocular difficulties, etc.) should consult their medical professionals before participating in this therapeutic method. For some people, this method may result in sharper memory, for others fuzzier memory following the treatment. If you are involved in a legal case and need to testify, please discuss this with your therapist.

\_\_\_\_\_\_\_\_ Before commencing EMDR treatment, I have considered all of the above and I have obtained whatever

*Initial here* additional input and/or professional advice I deemed necessary or appropriate. I hereby consent to

participating in EMDR treatment and acknowledge my consent if free from pressure, and I agree to hold harmless my EMDR clinician, for any unpleasant or unexpected effect which may arise from my experience. I

understand that I may stop treatment at any time before or during any EMDR session and that more than one

EMDR session is usually necessary in the treatment.

**Our Agreement and Informed Consent to Treatment**

I, the client, or the guardian of a minor child, understand I have the right not to sign this form. My signature below indicates

that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can

choose to discuss my concerns with you, the therapist, before I start formal therapy. I also understand that any of the points

mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of

the subjects discussed in this introduction and consent to treat, I can talk with you about them, and you will do your best to

answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason.

However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you. I

understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness

of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this introduction to therapy. I have discussed those points I did

not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this

document. I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my

ability, as shown by my signature here.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/Guardian Signature Date

I, the therapist, have met with this client and/or their parent/guardian, for a suitable period of time, and have informed him or her of the issues and points raised in the introduction to therapy. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client as shown by my signature below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness/Therapist Signature Date

\_\_\_Copy accept by client \_\_\_\_Copy kept by therapist