INFORMED CONSENT FOR TREATMENT

Perfect Peace Counseling Services

BRM Inc.

Dr. Carla .T Royster

D.MFT, M.Ed, M.Th

The purpose of this document is to *inform* you of the details, processes, benefits and risks inherent in the therapeutic (counseling) relationship as well as to secure your *consent* for treatment, after having been made aware of those dynamics. Please note that this is an honest attempt to address the most common concerns arising in a therapeutic relationship, however, since no document can speak to every possible scenario should other concerns arise, which are not addressed in these forms, every attempt will be made to resolve them in a professional, courteous fashion. Feel free to ask about the contents of this document as you **complete and sign it, bringing it to our first session together. Please be aware that I cannot begin meeting with you UNLESS THIS DOCUMENT IS READ AND SIGNED. Thank you!**

I _____of _____ (Address), phone number _____, have contacted Dr. Carla Royster with the specific purpose of securing her services as a mental health professional in Marriage and Family Therapy (MFT) Biblical Counsel (BC) and Psychoanalysis to help me/us regarding the following "presenting problem(s)"

_____

and to help me reach the following goal(s) _____

_____.

I understand that the therapeutic process is characterized by confidentiality and privacy **but under certain circumstances, Dr. Royster will be released from all such stipulations *and thereby granted immunity from suit* if, under those circumstances she breaks confidence with me/my family/spouse**. Such circumstances, situations include, but are not limited to: (1) suspicion of child abuse or neglect or any endangerment to a child, (2) elder/disabled person abuse or neglect, (3) suicidal threat or ideology or acts of self-harm, (4) suspicion or report from myself or another associated with me (such as a family member or close friend, whether a direct participant in the counseling process itself or not) who indicates to Dr. Royster, that I might commit a crime or harm another person, (5) legal summons or government involvement requiring Dr. Royster to surrender records of therapy sessions. In such cases Dr. Royster will follow a "duty to warn" and/or "duty to report" and will contact appropriate authorities as state or Federal Law dictates, complying with all local and national laws. In all such cases I agree that Dr. Royster is acting under legal/ethical mandates and I will NOT construe her disclosures of our sessions as violations of confidentiality. My (our) initials acknowledge my understanding _____. _____ _____ _____ _____

I understand that should I have a dispute with Dr. Royster, I agree to negotiate said dispute, doing so directly and if this proves unsatisfactory, I agree to work with a mutually acceptable third party mediator (such as a local minister or another agreed upon therapist) until resolution is reached and/or until we agree to respectfully terminate therapy.

I understand that meetings with Dr. Royster will generally be scheduled in 60-minute increments, will consist of identifying those problems regarding which I seek assistance, those goals I hope to reach and all relevant personality, marital and/or family assessments necessary to help me move from problem to goal. Rounds of therapy will be as brief as possible and will operate per a defined treatment plan which we will, together, construct.

I also realize that phone calls or Emails sent to him will be returned, when at all possible, within 48 hours or sooner. I understand and agree that if I cannot reach Dr. Royster in a crisis or emergency situation, I will contact Crisis Intervention (Las Vegas Crisis Hotline 988) or call 911, and not hold Dr. Royster liable in such situations. I understand that Dr. Royster does NOT operate a crisis counseling center and is not expected to be available on a 24-hour, 7 day basis.

In regard to phone calls and messages, by initialing this/these box(es) _____, _____ I/we give Dr. Royster my permission to leave messages on my voice mail, and I will not construe this as a violation of confidentiality. This will also apply to his corresponding with me via Email. Dr. Royster does not, conduct therapy by phone or Email.

I understand that termination of therapy will be something we discuss together but ultimately will be at Dr. Royster's discretion if she believes I would be better served by another therapeutic method or setting.

I acknowledge that *if* in the course of my work with Dr. Royster, I involve her in any and all legal/court related matters, I hereby agree to compensate her at the rate of $ 500.00 (Five Hundred Dollars **) per hour**, paying *in advance*, for a minimum of three hours ($1500.00) and within ten days for any additional hours, also paying for document preparation ($50.00/hour) , travel expenses, meals, telephone time, parking *and any and all legal counsel she seeks regarding my case, etc.* **I realize that this clause underscores the strong resistance Dr. Royster has to all involvement in legal proceedings and makes a clear statement to me in that regard.** Furthermore, if I as a counselee file a complaint/legal suit against Dr. Royster, I understand that she is thereby authorized to fully disclose any and all relevant information regarding me/our meetings together, in her defense and I, thereby, waive my right to confidentiality and/or privacy. Please initial Here_____ _____ _____

I understand that sometimes therapists find it helpful to consult other health care, ministry care and/or mental health professionals and I authorize Dr. Royster to do so regarding my case. I realize that she will only do so making **every effort to avoid revealing my**

identity. I also realize I may or may not be informed of these anonymous consultations. Please initial Here_____ _____ _____

I understand that if Dr. Royster believes she is operating outside of the range of her professional abilities, and for that reason thinks I would be best served by another or would be wise to supplement our work with additional assistance, I will accommodate her intent in these changes to therapy. As a matter of course, Dr. Royster encourages all clients to consider a thorough medical checkup before beginning therapy, so as to rule out physical/medical contributing factors which might be exacerbating (aggravating) the situation. I will consider doing so and will also disclose any relevant medical concerns to Dr. Royster, as well as prior therapy, diagnosis experiences and/or medications I am currently taking. Please initial Here_____ _____ _____

I realize that entering a therapeutic relationship with Dr. Royster, or any other therapist, carries no guarantee –stated or implied- of a particular outcome but rather is, at the very least a learning process greatly dependent on my honesty and good-faith effort to seek personal growth and improvement. I realize there is an inherent "risk of change" involved in any such process, and I fully accept that risk and those repercussions which might result from making changes based on my therapy experience. I have been given a separate sheet on the *"Risks and Benefits"* of therapy and understand those risks as they have been explained to me both here and there..

I am aware that Dr. Royster will keep records of our sessions and if I wish to secure a copy of those records, she will (a) initially suggest offering me a **verbal** summarize of his notes and if necessary, (b) provide a written summary (at the cost of preparing such a summary as well as copy costs). I understand that if I and my spouse and/or family and/or child over the age of 14 meets with Dr. Royster, records summarizing any such sessions can only be released if ALL PARTIES are PRESENT with proper ID to sign off for those records. This means Dr. Royster CANNOT release records of sessions with anyone above the age of 14, without their permission, *even if I am that person's parent and have paid for their therapy.*

If I and my partner, and/or family are securing Dr. Royster's services, I/we realize she will do all she can to avoid being triangled between one member against another which means if any one of us shares "a secret" with him, either by phone, email or conversation, she will explore appropriate ways such "secrets" might be brought to the attention everyone else in therapy with Dr. Royster. She will do so if appropriate and in the service of marital and/or family therapy and in an attempt to be fair and neutral to all parties involved.

In regard to seeing children, I am hereby informed that in this country, any minor over the age of 14 (Fourteen) has all the rights of confidentiality enjoyed by an adult, which means if a 14 year old individual shares something, in confidence, with Dr. Royster, unless arranged otherwise, Dr. Royster is legally bound to hold that confidence and not

disclose that which the minor shared. I also understand Dr. Royster will not see children unless both parents and/or the Custodial parent (in such cases where a divorce has occurred) have given him written permission to such meetings. ALL PARTIES must be PRESENT with proper ID to sign off for those record

As for other relevant details which sometimes become a concern in therapy, the following are stated to reduce confusion and aid in our overall process:

- Generally speaking, Dr. Royster does not consider social media to be a concrete and reliable resource to "learn more about her clients, "or their activities outside of the counseling office.
- If Dr. Royster meets clients in public (in malls, restaurants, stores, etc) , unless decided upon by agreement, she will acknowledge them with a cordial greeting, but if asked by others how she knows them, she **will not disclose the therapeutic relationship** under any circumstance.
- Dr. Royster will honor boundaries in therapy and will refrain from any and all inappropriate touch and/or language with clients. At all times she will seek to be respectful, decent and honorable.
- Dr. Royster will do his best to avoid "dual relationships" with clients (for example, being their friends as well as their therapist, etc) If such scenarios emerge, she will discuss this with clients and make a unified decision to remain or terminate the counseling relationship.

As for payment for the services, I agree to pay Dr. Royster $_TBD$_____per session, **One week prior to each session.** I understand that if I fail to pay she has the right to discontinue service, but will not do so without provide options and/or referrals in each case.

In summary, Dr. Royster will do all she can to make this therapy experience as pleasant, respectful, honest, ethical, legal and therapeutic as she is able. Should other scenarios emerge which are not addressed in this document, Dr. Royster will seek to discuss and navigate them with me in such a way as to promote healing and growth.

(To be signed by all family members entering therapy)

Your Signature_____Date_____

Your Signature_____Date_____

Your Signature_____Date_____

Your Signature_____Date_____

Therapist Signature_____ Date_____

Dr. Carla T. Royster