

Informed Consent, Description of Services, Release of Liability and Confidentiality

This document is important to you and/or your child as a consumer of counseling services. Please review this information prior to our initial counseling session. We will discuss and sign at the beginning of our first session. If you would like to discuss any part of this document prior to the first session, please feel free to call me at 405.861.3707 or email me at bbrinson@olivebrankok.com.

I have voluntarily sought counseling on my own initiative. I may accept or reject any of the counsel that I receive from Brenda K Brinson (referred to as "Therapist"), Licensed Martial and Family Therapist (LMFT License #1054) in the state of Oklahoma.

Initial: _____

I understand counseling involves active participation. I will be asked to:

- Establishing goals for my counseling.
- Share details about areas of my life, some of which may be difficult to discuss. I acknowledge the purpose of disclosure is to help me better understand how past events influence my present thoughts and behaviors, and help me make progress toward my goals.
- Continue work outside the sessions from time to time to build on the progress made during the session.
- Notify my Therapist of behavior and/or symptom changes.

While I expect benefits from counseling, I fully understand and accept that ultimately my desired outcomes cannot be guaranteed. I understand I may withdraw from counseling services at any time.

Initial: _____

For couples counseling, I understand:

- I will be asked to attend an individual session with the Therapist after the initial couple's session.
- I will inform the person attending counseling with me before scheduling additional individual sessions.
- The Therapist will inform me if she recommends additional individual sessions.

Initial: _____

For family counseling, I understand:

- I may be asked to attend an individual session with the Therapist after the initial family session.
- Individual sessions with minor clients attending family counseling will be schedule case-by-case.
- I will inform other adults attending family counseling prior to scheduling individual sessions.
- The Therapist will inform the adult clients if additional individual sessions are recommended.

Initial: _____

In receiving counseling from Olive Branch Clinic, I acknowledge and agree this service is extended to me with the understanding it will not serve, **presently, or in the future**, to fulfill any counseling requirement **for any civil or criminal related court proceeding or litigation.**

Initial: _____

Release of Liability:

I, for myself and my heirs, personal representatives, assigns and agents, expressly release, forever discharge, and hold harmless Brenda Brinson, LMFT, from all liability, loss, damage, claims or actions, for injuries or damages or judgments of any kind, whether known or unknown, which may arise in connection with the counseling which I have received or will receive, even if caused by negligence of the Therapist.

Initial: _____

Confidentiality:

All confidential records are securely maintained and only accessible by Olive Branch Clinic Staff. All services received and all information obtained from you are kept confidential and cannot be released without your permission, by you (or your legal guardian's) signed written release of confidential information.

However, there are special situations under which confidential information could be revealed. I will make every effort to fully discuss the circumstances with you before taking action, and I will limit my disclosure to what is necessary.

1. Whenever a "Duty to Warn" or "Duty to Protect" ethic requires your counselor to break confidentiality, confidential information may be disclosed. Your counselor is required by state law to report the following: risk of suicide or homicide, suspected or confirmed reports of child/elderly or incapacitated adult abuse or neglect.
2. Under very limited circumstances, the court may issue an order compelling the disclosure of your records and may order a counselor to give testimony during a court hearing. In a lawsuit, a party may also subpoena records, but generally in the case of subpoena, HIPAA would require that you sign an authorization to release these records or that you were informed of the potential disclosure and had an opportunity to object. If you are currently involved in or are considering litigation, I recommend you consult with your attorney to determine whether a court would be likely to order me to disclose information.
3. I understand and agree that in couple/family counseling my confidentiality and privilege is subject to, and therefore limited by, all participating members' confidentiality and privilege. Any request for release of information is subject to each legally competent family member's signed waiver release. I also understand that this may be limited by mandate of Federal or Oklahoma statute, Federal or State Judicial Subpoena or Federal or State Judicial Bench Order. Further, I acknowledge the professional judgement of the Therapist, as directed by Oklahoma law, may supersede the confidentiality of all parties in the interest of client self-safety or any other person or group's risk of harm.
4. If a government agency requests the information for health oversight activities, I may be required to provide the information.
5. If you file a complaint or lawsuit against me, I may disclose relevant information in order to defend against the complaint or lawsuit.
6. If you file a worker's compensation claim, I may be required to disclose information relevant to that claim to the appropriate parties, including the Administrator of the Worker's Compensation Court.

Due to the confidentiality of sessions, audio/video recording of therapy sessions is prohibited without the written consent of every person involved in the counseling session, including the counselor.

To maintain confidentiality, I understand the Therapist will not address me if we see each other outside of the office. If I choose to address my Therapist in this instance, she will respond in kind. However, I understand she will not speak with me about any issues outside of our counseling sessions. I also understand my Therapist will not connect with me through any form of social media.

I understand my Therapist cannot guarantee 100% confidentiality when using various forms of technology for communication. Olive Branch Clinic provides the option for confidential communication through Spruce Health.

Initial: _____

I give consent, at the discretion of my Therapist, to consult with health professionals to enhance the services provided to me. I understand no identifying information will be shared with professionals not associated with Olive Branch Clinic unless I give specific written consent except necessary information to coordinate continuum of care.

Initial: _____

By my signature below,

- I acknowledge I have read and understand the above information, and
- I acknowledge Brenda Brinson, LMFT, has satisfactorily provided information regarding her professional credentials, and
- I confirm I am not aware of any reason why counseling should not proceed as discussed and consent to services for:
 - Myself
 - My child, _____, who is not of legal age to consent to treatment

Client Signature or Signature of Consenting Parent/Legal Guardian

Print Name

Address

City

State

Zip

Daytime Phone: _____

Dated this _____ day of _____, 20_____.

As a Licensed Marital and Family Therapist, licensed by the state of Oklahoma State Board of Behavioral Health Licensure, I am required by law to furnish you with information about my professional credentials. I will be happy to discuss this information with you and /or furnish you with printed material.

You may contact the LMFT office listed below for additional information. It is not necessary to give your name when requesting information.

State Board of Behavioral Health Licensure (BBHL)

3815 N. Santa Fe, Suite 110

Oklahoma City, OK 73118

Phone: (405) 522-3696

Fax: (405) 522-3691

By my initial above, I acknowledge I have reviewed this information with the client.

_____ OK LMFT #1054

Brenda K. Brinson, LMFT

A copy of this document was offered to the client. Client _____ accepted _____ declined copy.