AUTHORIZATION TO PROVIDE TREATMENT:

Welcome to my practice. Firstly, let me compliment you on your decision to seek counseling/psychotherapy; it takes a certain amount of courage and commitment to choose to explore aspects of your life, behavior, feelings, thoughts, and to reflect upon changes that you would like to undertake. Counseling is a process whereby you are able to begin an exploration and, in conjunction with your counselor, make changes in your life. My theoretical approach is quite eclectic/diverse in that there are times that I feel looking at behavioral shifts can be most beneficial, times that an emotional exploration and release is most healing and/or times that new cognitive awareness can promote the changes you are open to. The approach(s) depends upon the client needs, as counseling/therapy is, in my view, clearly a joint venture. Thus, while there are limited times when some advice on the counselor's part might be useful and relevant, consistent with my approach, it is usually most important for the client, in consultation with his/her counselor, to feel empowered to explore and choose new directions in his/her life. This is true whether those directions relate to new behavioral, emotional and/or cognitive shifts.

Next, while counseling/psychotherapy is clearly a process whereby there are significant potential benefits, there are also clear risks. During the process of counseling, a client is often open to try new behaviors, to develop a new awareness and/or to have a recognition of old feelings; any process that aims at such change can sometimes lead to an experience of uncomfortable thoughts and feelings and can thus often increase a sense of upset or anxiety. While it is the aim of counseling to work through such feelings/thoughts and change one's life in a positive direction, the risk of discomfort and of a negative experience is also a possibility. Alternatively, while counseling can provide the potential for healing, growth and a new openness to feeling increasingly positive about life's journey, it can sometimes not produce the growth one is hoping for. Thus, another risk is the possibility of little or no change after the investment of time, money and emotional commitment.

Also, while I will work with you in our counseling if I deem that the areas in which you seek assistance are not in the realm of my expertise, I will refer you elsewhere if I feel your needs might be better served by another counselor. In addition, in order to keep my skills and expertise current, I often engage in peer review/supervision in order to continually enhance my skills and my ability to be of service to my clients in their process of healing, growth and development. As needed, I also consult with other professionals in the field regarding specific issues. Thus, I may anonymously, and confidentially, share issues relevant to your situation with other therapists. And btw, such consultation is not just a cogent and good idea, it is a requirement for licensure renewal for all psychotherapists.

As per the requirements of my professor as a Licensed Psychologist, I follow the Ethical Principles of the American Psychological Association. In additional to licensure in the state of New Hampshire, I am a Licensed Psychologist in the state of Massachusetts and am an Approved Supervisor for the American Association for Marriage and Family

Therapy (AAMFT). In addition, I have membership in a variety of other professional organizations aimed at helping to promote the learning and growth needed to effectively practice as a professional in the field of psychology, counseling and mental health.

In reference to Confidentiality, my commitment is to maintain the same confidentiality, the same privilege is the legal term, as that between many professionals and clients, as required by New Hampshire Statue RSA: 330. There are some clear exceptions to this confidentiality and those include that I must, legally, and ethically, file a report with Child Welfare (NH Division for Children, Youth and Families-DCYF) if I suspect that any one under the age of 18 years old is being physically, emotionally and/or sexually abused, or with Elderly Services if there is suspicion of an elderly person being abused. In addition, if I learn of any plan such that someone intends to harm, injure or kill another person, then I have a legal, and ethical, obligation, a duty to warn that person and to contact the relevant law enforcement authorities. If one is a minor, while I still feel it is quite important that confidentially be maintained in order for counseling to succeed, it is legally and ethically important what I share with the parent(s) a sense of general progress and information, and to clearly share about significant danger that a child/adolescent might be exposed to. And, while the above mentioned confidentiality does exist, I do maintain written records of general progress and treatment issues; records which could be subpoenaed by a Court if the proper motions and ensuing Court Order required such. Also, if you are using insurance, as you can ascertain by what you were asked to sign in the Intake packet, the insurance company is entitled to know about your diagnosis, issues and general progress, as they are requiring this information in order to determine the medical necessity of paying the bill. Also, if there is any need to consult with another professional you are working with, eg, a psychiatrist, PCP and so on, I will, and can, do so only after you sign the necessary and appropriate Release of Information form.

In terms of scheduling appointments, I usually schedule appointments on a weekly or bi-weekly basis since any lesser frequency is more effective for follow-up appointments and/or for providing guidance in one's life rather than the deeper/fuller exploration that therapy can provide. I am willing to schedule appointments on a same time each week (or bi-weekly) basis and/or I am open to setting our next appointment at each session based upon client needs and schedules. If you need to cancel an appointment, you may do so at no charge provided you call and leave a message by 8:00 pm the night before your appointment. If you are sick or if the weather has created dangerous driving conditions (for example, snow or ice) then I encourage you to cancel your appointment, up until the last minute, and again, of course with no charge. In the case of a cancellation without the above-mentioned notice or circumstance, I then charge a fee or \$35, which is payable by you and not the insurance company.

Next, should you need to contact me in the event of an Emergency, then you may call either of my office telephone numbers, 603-629-9851, or 603-289-4196, as I quite regularly check these voicemails. If however there is an emergency of any type of life threatening or injury concerning matter, then I ask that you be aware that calling the

police department, fire, ER and/or 911 as the most expedient, relevant and necessary way to proceed.

While I hope and expect that our counseling work can be a growthful experience for you, I also alert you to the fact that should there be any desire to file a complaint about me, you are able to contact the New Hampshire Board of Psychologists (121 South Fruit Street, Concord, NH 03301: Phone # 603-271-6745, fax # 603-271-6702, main # 603-271-2152 for licensure information) as I am a Licensed Psychologist in New Hampshire through this professional board.

I thank you for taking the time to read what may seem like a lengthy introduction to your new venture as a client seeking therapy/counseling. I look forward to our potential work together and, in the first, as well as all future sessions, I encourage your questions and comments as we proceed on the journey of counseling; a journey which I hope, and expect, can lead to the new cognitive and emotional insights that will foster your healing, growth, peacefulness and enhanced comfort in your life.

As a last step before we initiate our first counseling session, I ask that you sign in the space below to indicate that you have read and understand the above-mentioned issues about the therapy/counseling process.

And again, thank you for your time, and your commitment, with this potentially new undertaking. Dr. Bob Goddard aka, Dr. Bob

Name of Client (please print)	Date
Signature of Client	
Signature of parent/guardian (if client	is a minor)
AUTHORIZATION TO PROVIDE	TREATMENT OF A MINOR:
	hereby authorize Robert /psychotherapy for my son/daughter

Signature: _____ Date: _____