



# Little Birdie Professional Counseling, PLLC

## Informed Consent Policy

### General Information

The therapeutic relationship is a unique one—personal, yet structured by a mutual agreement. This document outlines the framework for our work together. A clear understanding helps to foster a safe and productive environment. Please indicate your agreement by checking the acknowledgment box at the end of this document.

### The Therapeutic Process

Choosing to begin therapy is a meaningful step toward personal growth. While the process can be deeply rewarding, it can also involve discomfort. Discussing difficult memories or emotions may evoke strong feelings such as anger, anxiety, or sadness.

It is important to understand:

- Therapy does not offer “quick fixes” or guaranteed results.
- Change depends largely on your openness and willingness to engage.
- I will work to support you, understand your patterns, and help you clarify your goals.

### Confidentiality

Confidentiality is a fundamental part of the therapeutic relationship. Information shared in sessions will be kept private and will not be disclosed without your written consent—except in the following legally required or ethically necessary circumstances:

1. **Risk of Harm to Self:** If you threaten or attempt suicide, or are at risk of serious harm.
2. **Risk of Harm to Others:** If you threaten serious bodily harm or death to another person.
3. **Abuse or Neglect of a Minor:** If there is reasonable suspicion that you are the perpetrator, witness, or victim of abuse (physical, emotional, or sexual) of a child under age 18.
4. **Abuse or Neglect of an Elder or Dependent Adult.**
5. **Legal Requirements:** If subpoenaed by a court of law.
6. **Court-Ordered Therapy:** If therapy is ordered by a court or is part of a legal evaluation.
7. **Professional Consultation:** Occasionally, information may be shared with other professionals to ensure you receive the best care, but your identity will be protected.

**Public Encounters:** If we run into each other outside of session, I will not initiate contact to protect your privacy. If you acknowledge me first, I’m happy to respond briefly, but extended conversation is best reserved for the office setting.

### Communication Policy

Your therapist is available to respond to **non-emergency** messages during business hours. Please allow **up to 24 hours** for a response.

- **Emergencies:** If you are experiencing a mental health crisis or emergency, please call **9-1-1** or go to the nearest emergency room.
- **Text Messaging:** Texting is **not secure**. Please avoid including identifying information or personal health details. You may use initials and keep messages brief.

## **Acknowledgment and Consent**

By checking the box below, you acknowledge that you have read, understood, and agree to the terms outlined in this Informed Consent Policy.

I have read and understood this Informed Consent Policy. I agree to enter into therapy under the terms described above.

Signature: \_\_\_\_\_