

Fresh Perspectives Counseling and Consultation Services, LLC

INFORMED CONSENT

CONFIDENTIALITY: Everything you say in these sessions and any written notes are confidential and may not be released to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED BY LAW: Disclosure is required or may be required by law when there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to me that you present a danger to others. Disclosure may also be required by the courts. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family therapy, couple's therapy or other treatment/service that involved more than one adult client.

EMERGENCY: If there is an emergency during therapy or after therapy, and I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name was requested as an emergency contact on the intake form.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please call (785) 262-3202 or send an email to freshperspectivescounseling@gmail.com. If we are unable to answer your call, please leave a detailed message and your call will be returned as soon as is feasible. If you are in crisis or any other emergency arises; if you are in danger of harming yourself or someone else; if you are experiencing hallucinations or if you need to talk to someone right away you agree to call 911 or go to your nearest emergency room immediately.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or other third party payer in order to process the claims. Only the minimum necessary information will be communicated to the carrier.

RECORDS AND YOUR RIGHT TO REVIEW THEM: The law requires that I keep treatment records for at least 6 years. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I feel that releasing such information might be harmful in any way. Upon your request, I will release information to any agency/person you specify unless I feel that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with signed authorizations from all the adults involved in the treatment.

COUNSELING VS. CONSULTATION: There are two primary services provided. **"Counseling"** (also known as therapy) is a specific treatment modality aimed at addressing specific identified symptom sets which constitute a mental health diagnosis. A mental health diagnosis is made when the severity of symptoms are such that clinically significant impairment exists. **"Consultation"** (also known as coaching) is a service offered in situations where the presenting issues are not of the severity which demonstrate clinically significant impairment but are issues which a person wants to address nonetheless.

THE PROCESS AND SCOPE OF PRACTICE: Counseling and/or Consultation Services can affect you in many ways. You may find some resolution for the issue(s) you came in to address, but it will require effort on your part. I want you to be open and honest. We may also talk about unpleasant events which may cause you discomfort and I may challenge some of your ways of thinking. You must also know that while we expect change, there is no promise that this therapy will yield a positive result. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. I am likely to draw on various psychological approaches. These approaches may include, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. I do not prescribe drugs.

TREATMENT PLANS: On approximately your second visit, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy or about the treatment plan, please ask and I will explain it to you. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: After the first meeting, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In that case, I will offer you what referrals I believe may be best able to meet your needs. If at any point during therapy you are non-compliant, I will terminate treatment. In that case, I will offer you what referrals I believe may be best able to meet your needs. Upon your request, I will provide her or him with the essential information needed. You also have the right to terminate therapy at any time for any reason.

DUAL RELATIONSHIPS: Not all dual or multiple relationships are unethical or avoidable. Therapy should never involve any dual relationship that impairs the therapist's objectivity, clinical judgment or can be exploitative in nature. It is important to realize that in some areas multiple relationships are unavoidable. I will never publicly acknowledge working with you without expressed permission. I may not accept working with you as a client if I believe a significant dual or multiple relationship exists. It is your responsibility to advise me if any dual or multiple relationship becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if you find it is or may interfere with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

SOCIAL NETWORKING AND INTERNET SEARCHES: At times, I may conduct a web search on my clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with me. I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

I have read the above policies. I understand them and agree to comply with them:

Client's Signature _____ **Date** _____

Therapist's Signature _____ **Date** _____