



Deep Breath Counseling, PLLC
11225 N 28th Dr.
Suite B220
Phoenix, AZ 85029

Informed Consent for Psychotherapy

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Welcome to Deep Breath Counseling. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

The Therapeutic Process

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. To be most successful, you will have to work on things we discuss outside of sessions. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.



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3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise to provide the best treatment for you. Information about you may be shared in this context and will be de-identified and concealed so that there would be no ability for that person to identify the identity of the client.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Parents and Minors

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and with your parents any information that is appropriate for parents to receive and any information that is more appropriately kept confidential between the minor and therapist. While privacy in therapy is crucial to successful progress, parental involvement can also be essential. All other communication will require the minor's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the minor of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

Couples Therapy

Typically, when engaging in couples' therapy, the couple itself is treated as the client and not the individual members. The records of each individual member of the couple are kept separately and neither partner is referred to by name in the other person's record. I typically do not meet individually with clients outside of couples' therapy, however if this does occur, please note that what is said in those individual contacts will not be kept separate from the couple's treatment and will likely be discussed in the couples' therapy appointment. Therefore, if you are engaging in treatment as a couple, please do not disclose things individually to me that you wish to keep private from your partner.

Licensing and Professional Oversight

I am a licensed clinical social worker in the state of Arizona. To practice independently, I must retain my professional license in good standing by following all rules and regulations of the Arizona Board of Behavioral Health Examiners.



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I would hope that while working together, if there are concerns about the progress of therapy that we would be able to discuss these concerns openly in session. However, if you have a complaint about the professional performance of any social worker licensed in the state of Arizona, you may also report your concern to:

Arizona Board of Behavioral Health Examiners

1740 West Adams Street, #3600

Phoenix, AZ 85007

Main Number: 602-542-1882

Fax Number: 602-364-0890

information@azbbhe.us

Other Rights

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

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INFORMED CONSENT FOR PSYCHOTHERAPY

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE CONTENTS TO THE INFORMED CONSENT FOR PSYCHOTHERAPY OF DEEP BREATH COUNSELING, PLLC, REVISED ON NOVEMBER 27, 2022.

Signature

Date

Printed Name

Client Name (if minor)