



INFORMED CONSENT FOR COUNSELING

THE PROCESS OF COUNSELING/EVALUATION AND SCOPE OF PRACTICE:

Therapy is a process; a working partnership develops between client and therapist. Therapy is not always comfortable or straightforward as difficult emotions and ways of being often have to be sorted through in order for change to appear. Clients should feel comfortable with their therapist and be able to ask about whatever is on their mind regarding the process. There are risks and benefits associated with counseling. Risks: Sometimes you may feel worse before you feel better. With growth, clients often evaluate their relationships, and some clients end friendships and romantic partnerships that they no longer believe are of benefit to them. Benefits: The potential for mental, emotional, spiritual and physical wellness associated with counseling can be profound. While results will vary, most clients who successfully complete counseling report a reduction in their presenting problem, an improved sense of ability to cope with life's stressors and an optimistic outlook on their future.

TREATMENT PLANS:

On approximately your second visit, your therapist will discuss with you her working understanding of the issues you face, your therapeutic objective(s), the treatment plan, and her view of the possible outcomes of counseling. If you have any unanswered questions about any of the procedures used during counseling or about your treatment plan, please ask your therapist to explain it to you.

TERMINATION:

After your first session, your therapist will assess if she can be of benefit to you. Your therapist will not accept clients who, in her professional opinion, she cannot help. If at any point during counseling, your therapist perceives that counseling is not going to be effective for you, she will terminate counseling. If your therapist terminates counseling, she will provide you with many referrals that may be of help to you. You have the right to terminate counseling at any time.

DUAL RELATIONSHIPS:

Dual relationships exist when a counselor interacts with a client in any capacity beyond her role as counselor, for example, also being the client's friend, business associate, or the teacher of the client's child. Your therapist will not accept you as a client if she feels a significant dual relationship exists. It is important to realize that not all dual relationships are unethical or avoidable. Counseling never involves any dual relationship that impairs the counselor's objectivity, clinical judgment, or that can be exploitative. In some areas, dual relationships may be unavoidable. Your therapist will never publicly acknowledge working with you without your written permission. It is your responsibility to advise your therapist if a dual relationship exists or arises that may become uncomfortable for you in any way. Your therapist will always listen and respond to your feedback, and she will discontinue the dual relationship if you find it is interfering, or may interfere, with the effectiveness of your counseling or your welfare.

SOCIAL NETWORKING AND INTERNET SEARCHES:

Your therapist will not accept friend requests from current or former clients on social networking sites (Facebook, LinkedIn, etc). That would violate professional standards of ethical behavior for counselors and potentially compromise your confidentiality. Your therapist requests that clients not communicate with her via any social networking web sites.

CONFIDENTIALITY:

Everything you say in these sessions and the written notes your therapist takes are confidential and may not be released to anyone without your written permission, except where disclosure is required by law. Exceptions to Confidentiality: 1) If you threaten to harm yourself or another person, we are legally and ethically required to take action to protect the safety of the threatened person. Actions could include: Informing the intended victim, arranging for hospitalization for you and/or your child, notifying family or support systems, and/or alerting law enforcement. 2) If 2 abuse or neglect of a child, elder, or disabled person is known or suspected, your therapist is required by Florida law to report those concerns to the Department of Children and Families. 3) If your therapist receives a legally binding Court Order from a Judge for your counseling records or for her deposition or court testimony, she would be required by law to comply.

EMERGENCIES OR CRISES:

Your therapist checks email and voicemail daily, including weekends and holidays. Your therapist will return your call at her earliest opportunity. If you are unable to reach them, or if you have a life-threatening emergency, immediately call 911, or go to a hospital emergency room. Your safety and well-being is our primary concern.

LICENSING AND ETHICAL INFORMATION:

Your therapist is a licensed or registered mental health professional in the State of Florida. Any complaint or questions about her counseling services that cannot be resolved should be directed to the State of Florida Department of Health.

AUTHORIZATION AND CONSENT TO TREAT

I hereby authorize Practitioners In Motion representatives to provide services and treatments for any medical condition *I consent and authorize representatives/employees of Practitioners In Motion to provide timely and appropriate medical care services in the home setting. *I understand and accept responsibility of participating and cooperating in my care and acknowledge that no guarantee is made regarding the results of services provided. *I understand that all representatives/employees will be adequately experienced, licensed health care professionals. *I reserve the right to refuse services or treatment at any time upon giving verbal notification to the practice or service team member. I understand the practice reserves the right at all times to cease providing services upon verbal or written notification. Initial _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES I acknowledge that I will be provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read it if so I chose) upon request, and understand the notice. I understand that a signed copy of this signature page will be placed in my chart to reflect that have received this notice. Initial _____

I have read and understand the information contained on this form and voluntarily agree to participate in counseling.

Printed Name (first and last) _____

Signature _____ Date _____

Printed Name (first and last) _____

Signature _____ Date _____