

It is not easy to seek help, congratulations on taking this step to nurture yourself and provide self-care. Psychotherapy is most beneficial when the acceptance of the need for help comes from the person seeking help. With this informed consent for psychotherapy, you will be able to understand more about your situation and work on addressing any difficulties. Please read and sign the consent form. Feel free to ask me any questions.

## **NYCCC: Psychotherapy Informed Consent Form**

### **Therapist**

Dr. Janetta Twerell has a doctorate in Social/Personality Psychology as well as being a Licensed Clinical Pastoral Therapist. She has been providing counseling for over 20 years using a Cognitive Behavioral Therapy Approach. She believes every individual benefits from being in balance in each of our life domains including: emotional, social, spiritual, physical and financial. Counseling is a partnership, where trust is paramount in moving forward to gain clarity and peace. Please note that you may withdraw anytime from psychotherapy.

### **Session Length**

Each session is 55 minutes in length. The number of sessions depends on the complexity of the issue and your decision to continue in therapy to address other issues. The goal is to provide structured sessions giving you lifelong skills that you can use independently to promote ongoing wellness. Generally, it takes a minimum of 3-6 sessions to understand the issue and learn and practice specific skills.

### **Relationship**

The required relationship that a client should have with the therapist is strictly professional. Any other relationship, such as business or personal relationships that a client may have with a therapist may prevent or undermine the effectiveness of therapy.

### **Confidentiality**

Sessions between the therapist and the client are strictly confidential. Any notes taken by the therapist during therapy shall be kept confidential and secure by the therapist at all times and shall not disclose them to anyone without prior written consent by the client, with exception to certain limitations such as:

1. Abuse to a child, disabled, elderly, other people
2. Criminal Acts
3. Sexual Abuse
4. Acts which may involve the transmission of HIV/AIDS
5. Any other instance where the therapist has a duty or a firm belief there is a necessity to disclose.

**I am happy to discuss any questions you may have regarding confidentiality.**

## **Risks**

Through therapy clients learn more about themselves that they do not realize. In some cases, there are things you may not have been aware of and are not happy learning these things. However, it is these very things that allow for growth and the ability to overcome current difficulties and future challenges.

There may be a chance that during or after a session, you may feel emotionally or physically distressed. This is normal and should be a part of one's healing process. A therapy session's impact is dependent on both the efforts of the therapist as well as the client.

## **Advantages**

Therapy helps in making one open his or her awareness. This helps in the bringing of one's personal insights and this finds ways of coping with and addressing his or her problems.

Understandably, therapy can be challenging for those who are not willing to open up. Uncomfortable feelings are normal and are part of the process. These frustrations and discomforts will be lessened, and clients will have a better positive outlook in managing his or her emotions. There is no firm timeline for progress but a collaborative and trusting relationship between the client and therapist will foster the healing process.

## **Court Proceedings**

In case of a court proceeding involving the patient, it is agreed that the therapist cannot testify such as but not limited to, custody proceedings, divorce proceedings, injuries, or other lawsuits that result in disclosure of the records of the psychotherapist about the client.

## **Appointment Reminders**

You can receive an appointment reminder by email or your phone (via a text message). How would you like to receive the appointment reminder

\_\_\_\_\_ text

\_\_\_\_\_email

## **Questions**

For questions, you may reach me by calling (516) 343 2350. You can also reach out via email as [Janetta.Twerell@gmail.com](mailto:Janetta.Twerell@gmail.com).

**CONSENT: Please initial the statements below and sign at the bottom of the page as indicated.**

\_\_\_\_\_ I have read the contents of the consent and fully understand the information.

\_\_\_\_\_ I understand the confidentiality that is required by the therapist to perform, as well as the limitations by which the therapist should abide by law

\_\_\_\_\_ I understand my psychotherapist's responsibilities as well as my rights, limitations, and responsibilities as a client.

\_\_\_\_\_ I am aware that if I miss a scheduled appointment or cancel less than 24 hours in advance, I may be charged a \$50.00 late cancellation fee.

\_\_\_\_\_ I am aware that if I try to contact my therapist and I do not hear back from her, or I am unable to be reached and you cannot wait for a return call or feel unable to keep myself safe I will contact 911 or I will go to the local Hospital Emergency Room.

\_\_\_\_\_ I am aware that I can end my psychotherapy at any time.

**CONSENTING AGE**

\_\_\_\_\_ I am above legal age, and I hereby voluntarily give my informed consent to this agreement with full knowledge of my rights and obligations

\_\_\_\_\_ I am below the legal age of consent

**Print Name**

First \_\_\_\_\_ Last \_\_\_\_\_

Signature

Date

\_\_\_\_\_

**Psychotherapist Consent**

As the therapist, I have explained to the client the relevant information contained in this informed consent form. I have given him or her the opportunity to ask questions as well as I have answered the questions to his or her satisfaction.

\_\_\_\_\_

Signature