Informed Consent to Psychotherapy

Anna Pepping, LCSW | Dr. Jackie Jiang & Associates

1586 37th Avenue, Moline, IL 61265 | 309-944-7833 | drjackiejiang@gmail.com

Welcome. I want therapy to feel respectful, collaborative, and clear. This form explains what you can expect from me, what I ask of clients and caregivers, and the limits that help me provide thoughtful and dependable care. Please ask questions at any time.

Psychotherapy Services

Psychotherapy may include conversation, play, structured activities, skills practice, caregiver consultation, and coordination with other professionals. Treatment is tailored to the identified client's needs, developmental level, goals, preferences, and diagnosis. Therapy works best when clients and caregivers participate honestly and practice helpful strategies between appointments. No particular outcome can be guaranteed.

Benefits and Risks

Therapy may improve coping, emotional awareness, behavior, relationships, communication, and daily functioning. It may also bring up sadness, anxiety, anger, grief, guilt, frustration, conflict, or other discomfort. Progress may be uneven, and symptoms may remain unchanged or temporarily worsen. I do not prescribe medication or provide medical advice, but I may recommend consultation with a physician, psychiatrist, emergency provider, or another professional when appropriate.

Appointments and Participation

Appointments begin and end at the scheduled time; arriving late generally does not extend the appointment. For child and adolescent clients, caregiver participation may include a brief update during the appointment, a separate caregiver appointment, a short factual message, or another arrangement I determine is clinically appropriate. Substantial consultation should not be expected in the lobby, hallway, parking lot, or after the appointment has ended.

Scheduling Hours and Communication

My regular clinical hours are Tuesday from 9:00 a.m. to 5:00 p.m. I do not routinely offer evening, Friday, or weekend appointments. Appointments outside my regular hours are not guaranteed.

All scheduling, rescheduling, cancellations, availability questions, administrative requests, and routine client communication must go through the Dr. Jackie Jiang & Associates front office at 309-944-7833 or drjackiejiang@gmail.com. An appointment is changed only after the front office confirms it.

Clinical concerns or updates may be sent through the Practice email or front office and will be forwarded to me as appropriate. Front office staff cannot provide clinical advice. I will determine the clinically appropriate response, which may include addressing the matter during a scheduled session. I generally review forwarded messages within three Practice business days. Urgent or emergency concerns should not rely on email or voicemail.

I cannot guarantee a particular appointment time, recurring time, after-school opening, frequency, or future availability. If the times I offer do not work for a family, we may discuss other available options or referrals.

Fees Insurance and Practice Policies

Dr. Jackie Jiang & Associates administers fees, insurance billing, client balances, payment arrangements, cancellation and no-show charges, collections, and other financial procedures. Current Practice policies and applicable payer requirements control. Benefit verification or authorization does not guarantee payment. Please direct billing and insurance questions to the front office.

Professional Time and Documentation

Collaboration is often helpful, but work outside a psychotherapy appointment also requires professional time. Scheduled calls, consultations, meetings, record review, preparation, documentation, and follow-up involving caregivers, schools, physicians, attorneys, or other professionals may be billable under current Practice policy and payer requirements. When authorization is needed, all clinicians use the Dr. Jackie Jiang & Associates Release of Confidential Information form, available through the Practice and online. A signed release permits communication but does not require me to accept every request.

Routine requests for letters, forms, school recommendations, treatment summaries, or records must be complete and received at least 14 business days before the requested deadline. The timeframe begins after all necessary information, authorization, and Practice arrangements are in place. Completion by an outside deadline is not guaranteed.

Telehealth

Telehealth uses live audio and video and may be offered when it is clinically and legally appropriate. It carries risks such as technology failure, interruption, reduced access to nonverbal information, and privacy limitations. I generally provide telehealth to clients age 13 or older; younger clients may participate when discussed with a parent or legal guardian and approved in advance.

- The client must be in a jurisdiction where I am permitted to practice, disclose the current location, and provide a callback number and emergency contact.
- Join from a private, stationary, reasonably quiet place. Telehealth may not occur while driving, riding in a moving vehicle, shopping, working, using a bathroom, or participating in another activity.
- The camera must remain on with the client's face visible unless I approve a temporary exception. Clients must wear a shirt and pants or comparable clothing.
- Smoking, vaping, alcohol or cannabis use, and use of non-prescribed substances are not permitted during appointments.

- Tell me in advance if another person will be present, within hearing distance, or able to enter the room. No session may be recorded, photographed, transcribed, livestreamed, or processed with an AI tool without my prior written consent.

If a required condition is not met, I will first ask that it be corrected when possible. If it cannot be corrected promptly, I may end the appointment or require in-person care. Billing will reflect the service actually provided and will follow current Practice policy and payer requirements.

Confidentiality

I protect client information as required by law and professional ethics. Confidentiality is not absolute. Information may be disclosed with valid authorization; for treatment, payment, and healthcare operations when permitted; when abuse or neglect is suspected; when there is a serious safety concern; in response to a valid court order or other legal requirement; or in other circumstances allowed or required by law. Practice personnel may access information as needed for scheduling, billing, records, consultation, or operations and are also required to maintain confidentiality. Electronic communication has privacy risks and cannot be guaranteed to be completely secure.

Emergencies

I am an outpatient therapist, not an on-call provider or crisis service, and I do not continuously monitor messages. For immediate risk of suicide, self-harm, violence, abuse, medical harm, or another emergency, call 911, call or text 988, contact a local crisis service, or go to the nearest emergency department. Do not wait for me to respond.

Children Adolescents and Caregiver Involvement

For clients under 18, the child or adolescent is the identified client unless otherwise documented. Caregiver involvement is often important, but the amount and type of information shared depends on the child's age and development, safety, custody authority, applicable law, and the treatment plan. I may share general information about participation, goals, progress, recommendations, and safety while protecting reasonable privacy that supports effective treatment. A credible safety concern may require disclosure even when the child prefers privacy.

Separated Parents Custody and Family Conflict

When parents are separated, divorced, involved in litigation, or subject to a parenting or custody order, the person requesting treatment must disclose that information before services begin and promptly report changes. The Practice may require the complete current order or parenting agreement, consent from each person with legal authority, and current contact information for all legal guardians. Treatment may be delayed until authority and consent are clear.

My role is to support the child's treatment, not to take sides. I am not a custody evaluator, parenting coordinator, mediator, reunification specialist, guardian ad litem, or forensic expert. I do not determine custody, parenting time, or which caregiver is more credible or fit. Caregivers may not use therapy to gather evidence, pressure the child, communicate arguments through me, or recruit me to support one side. Ongoing conflict that prevents a workable treatment environment may require a pause, transfer, or termination of services.

Illinois Mandated Reporting

As an Illinois licensed clinical social worker, I am a mandated reporter. If I have reasonable cause to believe that a child known to me in my professional role may have been abused or neglected, I must immediately make or cause a report to be made to the Illinois Department of Children and Family Services. Reasonable cause is a legal threshold for reporting; it is not proof, a completed investigation, or a final conclusion.

My job is to report reasonable concerns, not to investigate or decide whether abuse occurred. DCFS determines whether a report is accepted and conducts any investigation. When clinically and legally appropriate, I may discuss the need for a report with the child or caregiver, but I do not need permission and may report without advance notice when required.

A parent cannot direct me to report the other parent, dictate what I say, require me to adopt disputed statements as fact, or use my report as proof in a custody dispute. A parent's inability to make a report does not remove my reporting duty when the legal threshold is met, and the existence of parental conflict does not prevent a required good-faith report. I will share information that is reasonably relevant and distinguish, when possible, between direct observations, the child's statements, caregiver reports, and my clinical impressions.

Schools Letters and Meetings

With a valid authorization, I may share clinically appropriate information with a school. I decide whether a requested letter, form, accommodation recommendation, or opinion is within my role and supported by the information available. I will not sign language I cannot independently support.

I do not routinely attend IEP, Section 504, eligibility, manifestation determination, or other school meetings. If I exceptionally agree in writing, my role is limited to sharing clinically supported social-emotional, behavioral, regulation, communication, access, or mental-health recommendations based on treatment. I do not attend as a mediator, parent advocate, special-education consultant, or decision-maker, and I will not direct or pressure a school to evaluate a child, find a child eligible, create an IEP or 504 plan, provide a particular placement, or adopt a specific accommodation. Scheduling and charges must be arranged through the front office under current Practice policy.

Legal Requests

Therapy is not provided for the purpose of creating evidence or preparing testimony. A request, authorization, attorney letter, or subpoena does not automatically require me to offer an opinion, appear voluntarily, or disclose all requested information. I may seek

legal consultation and will comply with controlling law and valid court orders. Court, deposition, preparation, travel, waiting, and related professional time may be billable under current Practice policy and applicable law.

Professional Boundaries and Social Media

I may care deeply about clients and families while maintaining a professional relationship. I do not accept or initiate personal friend, follow, gaming, connection, or private messaging requests through personal accounts. The therapeutic relationship will not become a friendship, childcare arrangement, business relationship, or informal social relationship. Gifts and personal invitations may be declined.

My professional Instagram account, @Anna.peppingLCSW, is for public educational content only. I do not monitor or respond to Instagram messages under any circumstances. Instagram must never be used for scheduling, cancellations, clinical information, paperwork, treatment questions, safety concerns, or emergencies.

If we see one another in the community, I ordinarily will not acknowledge you first in order to protect confidentiality. If you acknowledge me, I may respond briefly but will not identify you as a client or discuss treatment.

Recording Transcription and Artificial Intelligence

No person may record, photograph, screen-capture, livestream, transcribe, or use an AI or automated tool to capture, summarize, analyze, or reproduce an appointment without my prior written consent. If undisclosed use occurs or is reasonably suspected, I may end the appointment, document the event, request deletion, restrict future technology use, require in-person treatment, or reconsider whether treatment can safely continue. Billing will follow current Practice policy and payer requirements. Accessibility needs should be discussed in advance.

Respectful Communication

Questions, disagreement, frustration, and honest feedback are welcome. I will communicate respectfully and ask clients and caregivers to do the same. Threatening, harassing, discriminatory, sexually inappropriate, abusive, coercive, or intimidating conduct is not acceptable. Repeated excessive messages, demands for immediate access, or use of multiple channels to pressure a response may lead to communication limits, a scheduled appointment to address the concern, or termination when clinically and ethically appropriate.

Ending or Transferring Therapy

Clients may end therapy at any time. When possible, a closing appointment is encouraged. I may recommend transfer, a higher level of care, or termination when services are no longer helpful or appropriate; needs exceed my scope or availability; attendance, payment, or Practice policies are not followed; safety requires different care; boundaries are repeatedly violated; or the therapeutic relationship is no longer workable. When appropriate, I will discuss the change and offer referral or transition information.

Client Rights

Clients have the right to respectful, nondiscriminatory care; to ask questions and participate in treatment planning; to discuss concerns; to request records as provided by law; to request referrals; and to receive information about complaints. Raising a good-faith concern will not result in retaliation.

Acknowledgment and Consent

By signing below, I acknowledge that I have read or had the opportunity to read this consent, understand the policies described, had an opportunity to ask questions, and consent to psychotherapy under these terms. I authorize Dr. Jackie Jiang & Associates to provide insurers information required for billing, authorization, and healthcare operations as permitted by law. Current Practice administrative and financial policies and applicable payer requirements control if they conflict with this form.

Client name printed	Client signature	Date
Parent or guardian name printed	Parent or guardian signature	Date
Second legal guardian if required	Second legal guardian signature	Date
Therapist Anna Pepping LCSW	Therapist signature	Date