

Address: 213 W. 6<sup>th</sup> Street, W-S, N.C. 27101 | Website: The WellMindPLLC.com | Phone: 336.505.9355 | Email: admin@The WellMindPLLC.com

# **INFORMED CONSENT FOR PSYCHOTHERAPY**

### GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by signing this document.

## THE THERAPEUTIC PROCESS

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. 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 him/her self 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.

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.



Address: 213 W. 6<sup>th</sup> Street, W-S, N.C. 27101 | Website: The WellMindPLLC.com | Phone: 336.505.9355 | Email: admin@The WellMindPLLC.com

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

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.

## ABOUT THE THERAPIST

Who is Choey? Let's just say if Gandhi and Betsy Johnson had a love child, that would be me. If I had to give myself a label...I just wouldn't. Dreamer, Fighter, Mom, Therapist, Advocate, Flower Child, Herbal Enthusiast...and the list goes on. It's all me!

Since 2012 I have practiced as a licensed professional counselor. Until 2016, I practiced as a clinical addictions specialist and a rehabilitation counselor. So, I've pretty much had experience in all areas of mental health, which led me to where I am now. During my time in the public sector of mental health, I observed that the majority of people's outcomes were comfort but not cures. As I studied, I began to implement holistic mental wellness interventions into my own life. As a result, I came to believe that symptom elimination, not just symptom management was possible in many cases. From this, The Well Mind PLLC was born. Through this practice I offer integrated holistic mental wellness treatment. While I implement traditional evidence-based practices, I also integrate alternative interventions into treatment. From herbalism for mental wellness to sound therapy, it's a part of our offerings.

My educational background includes a MS in Mental Health Counseling and a BA in psychology from North Carolina Agricultural and Technical State University. Outside of my professional work, I have always had a heart for people and promoting healing and growth. It's my hearts intention to push others into living their best life. I believe that we all have a unique and valuable offering for the world within us and around us. So, here I am ready to serve, ushering people into wholeness, purpose and into their own magic.

BY SIGNING THIS DOCUMENT BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature and Date