New View Recovery, LLC

Catherine Mobley, LMHC, MCAP, QSFL, EMDR Trained

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Informed Consent

Welcome to my private practice. I firmly believe in my client's right to privacy. With few exceptions, information about you will be strictly confidential and will be released only when you have given your written permission.
Please read every portion of this document carefully and sign below indicating that you understand and agree to what you have read.

Due to legal and ethical restrictions, the only exceptions to strict confidentiality are:
1. If I suspect physical or sexual abuse, or neglect of a child.
2. If I suspect physical or sexual abuse, or neglect of an incapacitated adult.
3. If I am concerned that a client is in serious danger of harming himself/herself.
4. If I am concerned that a client is in serious danger of harming others.
5. If court-ordered, certain information may have to be released.
6. If you give written permission to release information to a specific person or organization.
7. If a medical emergency occurs while you are at my facility/in telehealth session with me.

The next is not a legal exception to your confidentiality.
However, it is a policy you should be aware of if you are in *couples therapy* with me.
If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. ***Do not tell me anything you wish kept secret from your partner***.
I will remind you of this policy before beginning such individual sessions.

Services provided by psychotherapy carry certain benefits, risks, and limits such as those described below:

BENEFITS: The benefits from counseling may be that thoughts and emotions which have interfered with your personal functioning and/or your relationships with others may be resolved or lessened, so that you will be better able to handle or cope with personal responsibilities and social relationships. Because of this, you may experience greater satisfaction in your daily life and interactions with others. Another possible benefit may be a better understanding of your own motives, values, and goals. This may lead to greater maturity and growth as a person. Whatever the issue, the work is based on the assumption that therapy paves the way for clients to utilize their innate capacity to create solutions for themselves. It is my lifelong mission, a privilege, and an honor to work with clients along their journey to true happiness and well-being.

RISK: Counseling may involve the risk of thinking about and/or disclosing unpleasant events, and can arouse intense feelings of anxiety, depression, frustration, loneliness, and helplessness.

FIRST SESSIONS: The initial or assessment session consists of completing paperwork, discussing the situation for which the client is seeking counseling, and developing a plan through which the therapist and client will alleviate distress and help the client achieve emotional tranquility and peace of mind.
Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what the work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.
I utilize various approaches and perspectives when working with clients in therapy. Though I use a Client Centered and Experiential approaches to Cognitive Behavioral therapy the majority of the time, I may integrate other techniques and tools such as Motivational Interviewing or art as a method of therapy.

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MEDICAL LIMITS: This is not a crisis or emergency services clinic. **If you experience a crisis or emergency, please contact the Police Department or the emergency room for emergency services**. I cannot prescribe or provide you with medication, or perform any medical procedures. If medical treatment is indicated, you may choose any physician whom you wish to see.

EMERGENCIES: I am away from the office several times in the year. I will inform you in advance of any planned lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. If you are experiencing an emergency, you may attempt to reach me at 689-291-4991. However, **I cannot guarantee that I will be reachable at all times**. If an emergency situation arises that requires immediate attention, you can call the emergency National Suicide Hotline at 800-784-2433, 988, or dial 911. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room.

COMMUNICATION: I use a cellular phone for all of my telephone conversations. With proper technology, these conversations may be overheard. If this is a concern for you, talk to me and we can make alternate arrangements.
If you elect to communicate with me by email, please be aware that email is not confidential. All emails are retained in the logs of your or my internet service provider (ISP). These logs are available to be read by ISP system administrators. A copy of any emails that we exchange will be kept in your treatment record.

RECORD-KEEPING: I keep records of our interactions as required by law. You have the right to view a copy of your file and to request that I add an addendum to correct any errors. You may request that I send a copy of your file to another health care provider. I maintain your records in a locked file cabinet.

CONSULTATION: While personally identifiable information will not be released to outside persons or agencies without your permission, as professionals, my colleagues and I may confer with each other. Each professional is bound by confidentiality according to the ethical codes of the American Counseling Association (ACA) and/or the American Psychological Association (APA).

TERMINATION/REFERRAL: Should it appear that my services may not or will not be appropriate for you, I will discuss this with you and will make appropriate referrals for you.

I certify that I understand the contents of this document, and I give my consent for counseling services as described. I understand that I am ultimately responsible for my own health and wellness, and that if I require additional help or emergency assistance, I will take appropriate measures, as described under **Medical Limits** and **Emergencies**, above:

Client(s) Signature 1._____ 2. _____

Print name(s) 1._____ 2. _____

Today's Date_____

Legal Guardian(s) if client is a minor or other person deemed to need legal guardianship:

Sign: 1. _____ 2. _____

Print: 1. _____ 2. _____