KEYS TO WELLNESS COUNSELING & CONSULTING, LLC



Keys to Wellness Counseling & Consulting, LLC

3030 North Central Avenue, Suite 700

Phoenix, AZ 85012

(480) 742-4636

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 filling in the checkbox at the end of this document.

The Therapeutic Process. Various treatment modalities may be used during the course of treatment and will vary based on individual support needs and treatment goals. Techniques that may be employed have certain risks which may include but are not limited to: exacerbation of the conditions for which treatment is sought, increase in anxiety and depression, the emergence of other symptoms not previously experienced, the emergence of additional emotional or psychological symptom or problems. You have the right to refuse any recommended treatments from your provider.

Treatment Planning. Your treatment plan may be reviewed and updated at any time upon your request. A periodic review of the treatment plan ensures its viability and relevance to your current needs. Participation is voluntary and you have a right to refuse and/or withdraw from treatment at any time. You will be solely responsible for any consequences for withdrawal from therapy and your therapist will not be held liable for any such consequences.

Confidentiality. Any records kept by the counselor are strictly confidential and will not be released to others without your written consent per state and federal regulations as described in the HIPPA Notice of Privacy Practices. 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. You may obtain a copy of any records regarding your treatment, at no cost to you, but that such copying may take at

least two weeks and possibly longer depending on the size of the records. 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 themselves 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 a vulnerable adult or 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.

8. In case of an emergency, the therapist may contact your emergency contact on file.

Occasionally I may need to consult with other health or mental health 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. Other professionals would also be legally bound to keep your information confidential.

I do not provide custody evaluation or recommendations, medication or prescription recommendations, or legal advice, as these activities and topics are not within the scope of my practice.

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.

Grievance. Should you have any complaint, problem, or concern about me as your therapist, or the services being provided to you, I encourage that you first address the concern with me directly. If your concern cannot be resolved with me, you may submit a grievance to rmcounseling10@gmail.com. We will make every effort to resolve your concern fairly and promptly.

Member's Name & Date

Name
Date

E-SIGNATURE

* BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.	☐