

## PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT AND CONSENT TO TREAT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in counseling – psychotherapy – psychoeducational processes, you have certain rights that are important for you to know about because our goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

### My Responsibilities to You as Your Therapist

#### I. Confidentiality

Except for certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1996, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Franklin County Children Services or Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call Columbus Police or the Franklin County Sheriff's Department.
4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a. engaged in sexual contact with a client/patient, including yourself or b. is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board at the Ohio Counselor, Social Worker, Marriage and Family Therapist Board, or other governing board. I would inform you before taking this step.

#### II. Record-keeping.

I keep brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else. In the event, that you are participating in a psychoeducation group or workshop, records will likely not be kept.

### III. Diagnosis

Because I do not accept insurance, I may not provide a formal diagnosis. When a formal diagnosis is provided it will comply with criteria described in the APA DSM-5. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you.

IV. Other Rights - You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

### My Training and Approach to Therapy

I provide an eclectic form of psychotherapy based in Choice Theory - Reality Therapy, Cognitive Behavioral Therapy and Dialectical Behavior Therapy Models. Using a brief-solution focused mode of practice, it is my job to quickly and accurately assess your needs, and collaborate with you to develop and execute a course of treatment for those needs.

I offer counseling, psychotherapy, crisis intervention, and educational services, to individuals, couples, families, focus groups, law enforcement and first responders, civic and faith-based organizations.

### My Scope of Practice:

- ~ **Individual Mental/Emotional Health Issues**
- ~ **Marital and Relational Conflict**
- ~ **Pre-Marital Care**
- ~ **Divorce Care**
- ~ **Adult Addictions: *Drugs, Alcohol, Porn, Tech, Codependency***
- ~ **Men's Issues**
- ~ **Women's Issues**
- ~ **Law Enforcement, Fire, and Emergency Services**
- ~ **U.S. Military and Veterans**
- ~ **Christian Faith Issues**
- ~ **Senior Life Challenges**
- ~ **Parenting Adult Children**
- ~ **Blended Family Challenges**
- ~ **Elite Athletics**

I attended The Ohio State University where I received my first degree: Biomedical Communications. My educational journey has continued through the years with degrees in Nursing and advanced diplomas in the Mental Health field. I hold dual licenses in the State of Ohio: Licensed Professional Clinical Counselor (supervisor), Licensed Independent Chemical Dependency Counselor (Clinical Supervisor), with advanced training in the care of trauma victims: Critical Incident Stress Management (CISM). I am also Therapeutic Assault Prevention Systems Trainer (TAPS).

I have taught at The Ohio State University, the University of Dayton Graduate School, and currently teach at Columbus State Community College, I have served in the nursing, human services, and addiction treatment fields for over 28 years, with extensive experience and training in the treatment of addictive behavior, marital crisis and dysfunction, parenting adult children and difficult youth, and the treatment of mental, emotional, and spiritual ailment.

I use a variety of techniques in therapy, to find what will work best for you. These techniques are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal keeping, processing of movies/film, and reading education materials. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you get involved in a therapy or support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. You have the right to refuse anything that I suggest.

Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your therapeutic relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful. You normally will be the one who decides therapy will end, with two exceptions.

1. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgement not sufficient, I will inform you of this fact and refer you to another therapist (or increased level of care), who may meet your needs.

2. If you do violence to, threaten, verbally or physically, or harass myself, the office, any of my staff or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

#### Your Responsibilities as a Therapy Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than 16 hours notice, you must pay for that session at our next regularly scheduled meeting. If you no-show for two sessions in a row and do not respond to my attempts to reschedule, I will assume that you have dropped out of therapy and will make the space available to another individual. You are responsible for paying for your session at the time of service unless we have made other firm arrangements in advance. My fee for a session is \$60.00. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. I am not willing to have clients run a bill with me. I cannot accept barter for therapy, I do not take insurance, credit cards or Paypal.

#### Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can discuss my behavior with the Counselor, Social Worker, Marriage & Family Therapist Board. The Board is located at 77 South High Street, 24th Floor, Room 2468, Columbus, OH 43215. You are also free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality about what I do that you don't like, since you are the person who has the right to decide what you want kept confidential.

#### Client Consent to Psychotherapy

- I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law.
- I consent to receive therapeutic services from Dr. Brian Patterson LLC.
- I agree to pay the fee of \$60.00 per 50-minute session.
- I understand my rights and responsibilities as a client, and my therapist's responsibilities to me.
- I agree to undertake therapy with Dr. Laurence Brian Patterson. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Patterson.

PLEASE SIGN THE SERVICE INTAKE FORM (SIF)