

**INFORMED CONSENT FOR TREATMENT**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Client #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please review this document in its entirety. It explains what therapy is and how it is done in my practice. If you have any questions pertaining to anything you read here, please bring it to my attention for discussion.

**GENERAL INFORMATION**

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual, business agreement. The relationship is based on your willingness to disclose your most personally guarded secrets to a veritable stranger. Given this, it is important for us to reach a clear understanding of how our relationship will work and what each of us can expect out of the therapeutic relationship. 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.

­­­\_\_\_\_\_\_\_\_\_\_ I **have read and understood the content of the section GENERAL INFORMATION**

**THE THERAPEUTIC PROCESS**

Psychotherapy is the use of psychological methods, particularly when based on regular personal interaction or conversation, to help a person change behavior and overcome problems in desired ways. Psychotherapy aims to improve an individual's well-being and mental health, to resolve or mitigate troublesome behaviors, beliefs, compulsions, thoughts, or emotions, and to improve relationships and social skills. It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that we are partners in the therapeutic process. You have the right to agree or disagree with my beliefs, opinions, or recommendations. I will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. When entering into therapy you should be aware of these possible outcomes:

\* During evaluation or throughout the therapy process, recalling or talking about unpleasant events, feelings, or thoughts can result in experiencing discomfort or strong feelings, or experiencing anxiety, depression, insomnia, etc. You may not necessarily walk out of a session feeling as good as or better than when you came in.

\* Some of your assumptions or perceptions may be challenged, or proposals of different ways of looking at, thinking about, or handling situations may be offered, and these may cause you to feel very upset or challenged.

\* I consent to sharing information provided here. I have read and understood the content of the section GENERAL INFORMATION.

\* Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships or the dynamics therein, may result in changes that were not originally intended.

\* Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Change may sometimes be easy and swift, but more often it will be slow and even frustrating. Therapy offers no “quick fixes” and sometimes one will feel worse before feeling better. For every person it is different.

**\*\*\*** The goal of therapy is to achieve a positive outcome (i.e., improvement in your life situation), however, there is no guarantee that intended results will be attained. **\*\*\***

Knowing this, you can choose to undergo psychotherapy, or not. Ask yourself, “Why am I here? How will therapy help me?” It is best to identify how therapy will serve you before you start the therapeutic process than to try to figure it out as you go. This can be achieved by asking questions. Remember, you can choose to leave therapy at any time. You don’t even need a reason. If you choose to leave, will your life situation remain as it is now? Do you want it to stay that way? If not, then talk therapy may be a solution for you, but not the only one. You are the sole arbiter of whether or not therapy will serve you.

\_\_\_\_\_\_\_\_\_\_ I **have read and understood the content of the section THERAPEUTIC PROCESS**

I understand that I may refuse treatment or terminate services at any time without coercion or undue influence being made by my therapist and/or Quilted Hearts Marriage & Therapy staff. I acknowledge that I am free to choose other agencies for treatment and that I may get a list of local referral sources from my therapy and/or Quilted Hearts Marriage & Therapy if so request.

I understand that Quilted Hearts Marriage & Therapy, PLLC may terminate services for the following behaviors:

* Violence or aggression toward other clients, guest, or staff.
* Engagement in illegal activity on Quilted Hearts Marriage & Family, PLLC property.
* Failing two (2) consecutive appointments without proper notification or appropriate excuse.

If I develop a need for services beyond the scope of Quilted Hearts Marriage & Family, I understand an immediate and appropriate referral will be made and coordinated by my therapist.

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Client Signature Date

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Therapist Signature Date