



## Informed Consent Form

The purpose of this form is to share some important principles that guide my counseling process so that your decision to proceed in working together can be based on accurate, informed expectations. Please read this carefully and feel free to ask any questions about what you have read or to have further clarification. Informed consent is the client's full and active participation in decisions that affect them and freedom of choice based on the information shared. It is a continuous process throughout the counseling relationship. The client has the right to refuse and/or withdraw from counseling at any time.

**Professional Disclosure Statement:** I have a Master of Art's in Professional Counseling degree from Liberty University. I am currently licensed with Washington State Department of Health as a Licensed Mental Health Counselor (LMHC).

**Nature of Counseling:** I approach counseling from a Metatheroretical System using modalities such as Cognitive Behavioral, Client-Centered, Family Systems and Somatic Therapy. I use techniques such as active listening, homework, psycho educational discussions, role-playing and empty chair work. I recognize that each person and his or her experiences are unique, so therapy should meet these distinctive needs. I hold an unconditional positive regard and acceptance for clients and take a non-judgmental position, communicated through empathetic understanding. I consider the client's perspective and needs as the foundation for therapy. I believe that clients have the capacity and resilience to resolve their own problems and make their own decisions. However, from time to time all of us need assistance, support and direction and as such I will work with you to establish goals for your therapy.

**Counseling Services:** Counseling varies depending on the personalities of the counselor, the client and the particular problems brought to each session. Counseling calls for a very active effort on your part. In order for therapy to be successful, you will have to work on things we talk about during our sessions and at home. Counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of our life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, counseling has been shown to have benefits for people who go through it. Therapy can lead to better relationships, learning new ways to cope with or solve problems, developing of new skills, significant reduction in feelings of distress, changing unwanted behaviors and improved self-esteem. There are no guarantees of what you will experience. Counseling is a process of personal exploration and may lead to major changes in your life perspectives and decisions. Together we will work to achieve the best possible results for you. Our first few sessions will likely involve an evaluation of your needs. By the end of the evaluation, I will be able to offer some ideas of what our work will consist of. It is important for you to evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time and energy. If you have any questions about my procedures, we can discuss them whenever they arise. If doubts persist, I will be happy to refer you to another counseling professional.

**Confidentiality:** One of the most important rights of the person seeking counseling is confidentiality. Information revealed by you during counseling sessions will be kept strictly confidential and will not be revealed to any other person or agency without your written permission, with the following exceptions:

- **Duty to Warn.** If an individual intends to take harmful, dangerous or criminal action against another human being or against himself or herself, it is the counselor's duty to warn appropriate individuals or agencies of such intentions. Also, any actual or suspected acts of child, elder or disabled person abuse (including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse) will need to be reported to the appropriate agencies by the counselor.
- **Court Subpoena.** When lawyers believe that a client's counselor may have valuable information for their case, they will subpoena her/his notes, records and in some instances even the counselor. In general, once a subpoena is served on a counselor, it must be obeyed or the counselor can be charged with contempt. However, you will be notified of this subpoena and we will talk about this.
- **Consultation.** Information about you may be discussed in confidence, without revealing your identity, with other counseling professionals and or supervisors for the purpose of consultation and providing you with the best possible service.

**Counseling Sessions:** I normally conduct an assessment that may last two sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Once therapy has begun, I will usually schedule one 45-minute session per week at a time we agree on.

**Record Keeping:** I keep brief records such as the intake form, appointments attended and homework assigned. You are entitled to receive a copy of your records, or I can prepare a summary for you. Because these are professional records, untrained readers can misinterpret them. If you do want to see your records, I will offer for you to review them in my presence so we can discuss the contents. At the end of counseling your notes will be destroyed.

**Client's Rights:** You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I have decided to do what I am doing and to look at alternatives that might work better. You are free to leave therapy at any time – though I would recommend that you participate in a termination session. If you are dissatisfied with my services, please let me know.

**Emergencies:** If you have an emergency between sessions, please contact your physician, the local hospital or call 911.

**Acknowledgement and Consent:** Upon signing below, you are indicating that you have read and understood this consent form and that any questions you had about this consent form were answered to your satisfaction and that you were provided a copy of this document. You agree to accept the counseling services offered here.

**Fees:** The fee for services is a sliding scale, 45-minute session fee of \$100.00. Phone calls of more than 6 minutes will be billed at 6-minute increments at \$25 per increment. You are required to provide a 24-hour notice in advance if you are unable to keep your scheduled appointment. Unless there are extenuating circumstances, you will be charged \$100 for missed appointments. Cash, check or credit card payment is due at the time of the session. \_\_\_\_\_(Initials)

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_