



Informed Consent for Psychotherapy

- 1) **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 Informed Consent will provide a clear framework for our work together. Feel free to discuss any of this with the Clinician and Professional Staff. 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.

- 2) **Policy Statement; Purpose And Objectives.** It is the policy of the Clinician and Professional Staff that every client has the right to the information necessary to be able to understand and participate in treatment decisions that reflect the client's wishes to the maximum extent possible. It is the objective of this Informed Consent Policy to assure the client's right to give his or her Informed Consent through an Informed Consent Process. This process is to be defined by implementing procedures, which the Clinician is authorized and directed to prepare in accordance with this Informed Consent Policy and applicable laws and regulations.

- 3) **Defined Terms.**
 - A) **Informed Consent.** "Informed Consent" is a knowing, voluntary grant of permission to permit psychotherapy treatment.

 - B) **Informed Consent Process.** The "Informed Consent Process" is the process whereby the responsible treating Clinician:
 - i) Provides the client or other person from whom consent must be obtained, with material information regarding the proposed care, treatment, services, medications, interventions, or procedures, including anticipated risks, benefits, side effects, and alternatives to the proposed treatment, as well as the risks of non-treatment; and

 - ii) Ascertains that the client both understands the discussion and agrees to the treatment and includes documentation of that agreement.

 - C) **Clinician and Professional Staff.** "Clinician and Professional Staff" means any clinician, or other medical professional who has been granted permissions to treat clients by Becoming Free Counseling Services at 555 S Perryville Rd. Rockford, IL 61108 or any other location authorized by the Clinician and Professional Staff.

 - D) **Implementing Procedures.** The following procedures have been adopted by Becoming Free Counseling Services in pursuance of the Informed Consent Policy and must be followed to ensure that a client's consent meets the Informed Consent requirements.

- 4) **Therapeutic Process.** You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression,

anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

- 5) **Confidentiality.** 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 or persons. Limitations of such client held privilege of confidentiality exist and are itemized below:
 - A) 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.
 - B) If a client threatens grave bodily harm or death to another person.
 - C) If the Clinician 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.
 - D) Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
 - E) Suspected neglect of the parties named in items #C and # D of this Section.
 - F) If a court of law issues a subpoena for information stated on the subpoena.
 - G) 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.
 - H) Occasionally the Clinician may need to consult with other professionals in their areas of expertise in order to provide the best treatment for the client. Information about the client may be shared in this context without using your name.
- 6) **Steps In Informed Consent Process.** All of the following steps must be complied with in order to obtain a client's Informed Consent:
 - A) **Disclosure of All Required Information Regarding Treatment/Therapy.**
 - i) **Who Must Disclose.** Disclosure to ensure Informed Consent must only be made by a Clinician and Professional Staff who is professionally capable of:
 - a) Providing the necessary information.
 - b) Engaging in appropriate discussions; and
 - c) Ascertaining patient competence and understanding.
 - ii) **What Must Be Disclosed.** Disclosure must be made of all information regarding:
 - a) Proposed care, treatment and services;

- b) Proposed medications, interventions or procedures;
- c) Anticipated risks, benefits and side effects of any medications, treatment, interventions or procedures
- d) Alternatives to proposed treatment; and
- e) Risks of non-treatment or termination of treatment.

B) To Whom Disclosure Must Be Made And Who Must Consent To Treatment.

- i) **Client.** Disclosure must be made to any client who is legally competent.
 - ii) **Effect Of Client's Incompetence.**
 - a) **Consent From Legal Representative.** Where a patient is not capable of giving Informed Consent (such as a minor), consent may be obtained from a legally authorized representative, including a custodial parent, legal guardian, or healthcare power of attorney.
 - b) **Seeking Appointment Of Legal Representative.** In the event that a legally authorized representative has not been appointed, Clinician and Professional Staff may refuse to provide treatment until the appropriate legal steps have been taken to have legal representative appointed.
- 7) **Knowing Consent; Establishing Understanding.** The Clinician and Professional Staff must determine that the client or the legal representative understands the information provided. This may be accomplished by asking if there are any questions about the treatment or therapy, or asking the client or legal representative specific questions about what has been disclosed to determine the level of comprehension of the treatment and alternatives or consequences of non-treatment.
- 8) **Voluntariness Of Consent.** The client or legal representative must give Informed Consent voluntarily, absent coercion or undue influence by the Clinician and Professional Staff.
- 9) **Evidence Of Decision to Consent.**
- A) **Form Of Consent.** The Clinician and Professional Staff are responsible for determining the method required for documentation of the client's Informed Consent.
 - B) **Compliance With Consent Requirements.** The Clinician is responsible for monitoring compliance with the Informed Consent Process.
 - C) **Inclusion Of Informed Consent Form In Record.** The Informed Consent Form must be obtained and filed in the client's record, except in circumstances specifically exempted by law.
- 10) **Contact Outside of Clinician's Office.** Please be advised that if the Clinician and client see each other accidentally outside of the Clinician's office, the Clinician will not acknowledge the client first. The client's right to privacy and confidentiality is of the utmost importance to the Clinician, and the Clinician does not wish to jeopardize the client's privacy. However, if client acknowledges

the Clinician first, the Clinician will be more than happy to speak briefly with the Client but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

BY SIGNING BELOW CLIENT AGREES THAT CLIENT HAS READ, UNDERSTOOD AND AGREES TO THE ITEMS CONTAINED IN THIS INFORMED CONSENT.

Print client name _____ DOB _____

Client signature _____ Date _____

Print parent/guardian name (if applicable) _____

Parent/guardian signature (if applicable) _____ Date _____