

# INFORMED CONSENT FORM

After reading this carefully, please indicate your understanding and consent by signing your name and date in the space provided. If you have any questions, please feel free to discuss them with the therapist.

## **The Initial Interview**

The purpose of the initial interview is to discuss what brings you to therapy and to decide how we can be most helpful to you. It is important that during the initial interview you share your problems and concerns as fully as possible. The information collected during the initial interview will be used to help determine the best course of action for your circumstances. Depending on the nature of your concern, you may be offered individual or group therapy or both. If we are unable to provide you with the services you need, we will provide you with an alternative referral.

Procedures, including appointment times, cancellations, emergencies, etc. will be explained by your therapist.

## **Confidentiality**

All information you share about yourself, including the fact that you have come to therapy will be kept confidential. Without your written permission, no information will be released to anyone outside of this agency. The only exceptions to this policy are situations involving imminent danger to you or someone else, child abuse, or possibly, if the release of information is mandated by court order.

## **Consultation and Supervision**

Your case may be discussed by the therapist with a qualified supervisor working with the therapist as a consultant and/or supervisor. If consultation is to be done or if the therapist plans to discuss your case with a supervisor, you will be notified in advance and given the name of the supervisor. All supervision and consultation is ethically and legally bound to maintain confidentiality regarding the client and his or her case.

## **Client Responsibilities**

You will benefit most when you keep all your appointments and actively express any concerns you have about the services you are receiving. The client is responsible for notifying the therapist that an appointment will be missed. If three appointments are missed, that may be considered grounds for terminating services. If it is necessary that you be late or that you miss an appointment, please give notification 24 hours in advance at a minimum or as far in advance as possible. Both you and your therapist are expected to work diligently in developing the understanding and awareness of your situation and concerns to support the chances and understanding necessary to resolve your situation or concerns.

## **Collaboration with other Providers**

Your referral source is requested on the Patient Information Form. It is important for your therapist to know who provides your routine medical and psychiatric care and any physicians who prescribe medications. We will request releases of information for relevant providers to coordinate services and provide optimum care for our clients.

I have read this form and understand and consent to the policies and responsibilities stated in it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Initial Interview Date

\_\_\_\_ Yes, I would like a copy of this consent form.