

Revised: June 2020

INFORMED CONSENT FORM

PLEASE TAKE THE TIME TO READ AND SIGN THE FOLLOWING DOCUMENT

This information document talks about the following in a general way:

- What the risks and benefits of therapy are.
- What the goals of therapy are and what my methods of treatment are like.
- How long therapy might take.
- How much my services cost and how I handle money matters.
- Other important areas of our relationship.

After you read this information we can discuss, in person, how these issues apply to your own situation.

Collaboration.

Working from a trauma-informed lens, I work to facilitate a collaborative and empowering approach to counseling. My theoretical approach stems from a radical social justice paradigm with the incorporation of liberation-based healing practices, expressive arts therapy, feminist, and relational-cultural theory. I work from an anti-racist, anti-colonial, sex-positive, pro-disability justice, kink positive, fat positive, LGBTQ friendly, polyam-friendly, and strengths-based perspective. I hope to offer a space where in our work together, you will be supported in shared decision-making, choice, agency, and empowerment to determine your own unique path of healing.

Throughout the counseling process, I welcome feedback, disagreement, and authentic and honest communication. As a counselor and service provider, my role is to serve you. My counseling style is highly relational, and I will be warm, authentic, transparent, and human in our work together. I hope you will consider reaching out.

Course of Treatment.

Our first couple of sessions together I hope to start learning about you and about what brings you to therapy. I will also share some information about myself in relation to my counseling approaches and communication style. If it is helpful our therapeutic relationship, I may disclose some of my own identities and acknowledge where there are power dynamics, and intersections of privilege between us. I will also discuss the informed consent information in this document and any other questions about therapy you may have.

Next, we will talk about your goals for therapy. I will ask you to specify what it is that you want to accomplish in therapy. We will collaborate in finalizing your therapy goals. I expect us to agree on a plan that we will require hard work for both of us. From time to time, we will look together at progress and goals. If we think we need to, we can then adjust our therapy plan.

Successful therapy requires your initiative and very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. An important part of your therapy will be practicing new ideas and skills that you will learn in our sessions. I might ask you to do exercises, to keep records or a journal, and perhaps to do other tasks to deepen your learning.

If we are doing couples therapy, I like to do our sessions with everyone present. I may ask to do a session with each of you individually or you may ask for an individual session but if I offer one partner an individual session, I will also offer the other partner the same. Another benefit in therapy can be the viewing of yourself by audio or videotape. In doing couples therapy I may want to tape our sessions for the purpose of allowing you to see or hear yourself and your style of effective or ineffective communicating with your partner. Any recording will only be used in our therapy session(s) and will not be viewed by any other person without your express written consent.

Because of the nature of therapy, I cannot guarantee exactly how long it will take for you to achieve your goals or desired outcomes. We will evaluate progress intermittently to gauge the direction and progress of therapy. Most of my clients see me at least once a every other week. The process of ending therapy, called "termination," can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. Once you terminate therapy, the opportunity to return to therapy at another time remains open.

The Risks of Therapy

There are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that you will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. You may recall unpleasant memories. These feelings or memories may bother you at work or in school. This is normal and often part of the process. Please let me know if this happening and we discuss additional ways to support you.

Consultations

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about other treatments, their risks, and their benefits; I will explain to you what I know. Based on what I learn about your problems, I may recommend a medical exam, a visit to a psychiatrist for medication, or psychological testing. If I do this, I will fully discuss my reasons with you, so that you can receive the best treatment. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another therapist, or another professional in addition to me. As a responsible person and ethical therapist, I will not continue to treat you if I feel my treatment is not working for you. If you wish for another professional's opinion at any time, or

wish to talk with another therapist, I will help you find a qualified person and will provide them with the information needed per your release.

What to Expect from Our Relationship and Confidentiality

As a professional Licensed Clinical Social Worker (LCSW), I will use my best knowledge and skills to help you. This includes following the standards of the Louisiana Board of Social Work and NASW code of ethics. I am licensed and trained to practice social work—not law or medicine or any other profession. I am not able to give you expert advice from these other professional viewpoints.

Federal and state laws, the ethics and code of conduct for NASW require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you are kept private. That is why I ask you to sign a “release-of-information” form before I can talk about you or send my records about you to anyone else. I make every effort to not even reveal that you are receiving treatment from me.

In all but a few rare situations, your confidentiality is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court or an employer for treatment or some type of evaluation, the court or employer may expect a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you going through a divorce? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. I will do all I can to prevent that from happening since such disclosure can negatively affect our relationship. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you and/or that other person. This usually means telling others about the threat. I will not promise to not tell others about threats you make.
4. If I believe a child has been or will be abused or neglected, I am legally required to report this to the authorities. If an elderly person is being abused in any way or taken advantage of financially, I am legally required to report this.
5. If we are doing couples therapy, I cannot guarantee that information you disclose will be kept confidential by other members in therapy. The same is true if we are doing group therapy.

I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

I may also need to provide some information to your insurance company if we are using your insurance to pay for services. I will keep the information I provide to your insurance company minimal. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

Except for the situations I have described above I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

New Orleans is small and there is a good chance we may run into each other. If we meet on the street or socially, I may not say hello or talk to you very much. This is part of my effort to maintain your privacy. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

In your best interest and following the Louisiana Board of Social Work and NASW standards, I can only be your therapist. I cannot have any other role in your life. Our relationship is one that is very special to me, but it is a working relationship. I can never have a friendship, sexual or romantic relationship with any client during or after our work together.

Fees and Terms of Service

My individual and couple sessions are generally 50 minutes long. Couples can request 80-minute sessions. My groups are between 90-120 minutes long. The general fee for a 50-minute counseling session is \$120. The general fee for a 50-minute couples session is \$160. At this current time, I do not accept insurance. To make my services more accessible, I offer a certain amount of my sessions at sliding scale fee based on income. If you are interested in receiving sliding scale sessions, please let me know and I will send you an additional form. Payment is due at the beginning of each session. I accept, cash, check, and paypal.

An appointment is a commitment to our work. We agree to meet at my office and to be on time. If I am ever unable to start on time, I ask your understanding since occasional emergencies arise with other clients during a day. I also assure you that you will receive the full time agreed to. If you are late, we will most likely be unable to meet *for the full time*, because it is likely that I will have another appointment after yours.

When you must cancel, you must give me a minimum of 24 hours' notice. Your session time is reserved for you. **If you miss a session without the 24 hours advance notice, I will charge you for the lost time.** I may waive the fee for some emergencies. ***Please initial here to indicate that you understand this policy.*** _____

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. You have a responsibility to pay for any services you receive before you end our counseling relationship.

I will not send you a statement unless you ask for it. The statement can be used for health insurance claims. Some insurance companies partial reimburse you for out of network providers and services. The statement will show all our meetings, the charges for each, how much has been paid, and how much (if any) is still owed. To seek payment from your insurance company, you must first obtain a claim form from your employer's benefits office or call your insurance company. Complete the claim form. Then attach my

statement to the claim form and mail it to your insurance company. My statement already provides the information asked for on the claim form. I do not file the claims for you; you must file those with your insurance company for reimbursement.

If You Need to Contact Me

I cannot promise that I will always be available. I do not take phone calls when I am with a client. You can always leave a message with my voice mail and I will return your call as soon as I can. Generally, I will return messages daily except late on Saturdays, on Sundays, and any holiday.

If you have an emergency or crisis, tell me this in your voice mail. If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or your family members should call **911** or Metropolitan Crisis Response Team, at 215-951-0300 or Via Link 2-1-1 help line.

If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend.. Please write down the name and information of your chosen contact person in the blanks provided:

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the Louisiana Board of Social work and the NASW.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. A copy of the Code of Conduct is available to you upon request. Should you wish to file a disciplinary complaint regarding my practice as a LCSW, you may contact the Louisiana Board of Social Workers.

Our Agreement

I, the client, understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this document, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this information. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this document. I hereby agree to enter therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)

Date

Printed name

Signature of spouse/client (or person acting for client)

Date

Printed name

Relationship to client:

- Self Spouse Parent Legal guardian
- Health care custodial parent of a minor (less than 14 years of age)
- Other person authorized to act on behalf of the client

To Be Filled Out By the Therapist

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this information. I have responded to all of their questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter therapy with the client, as shown by my signature here.

Signature of therapist

Date