

Envision Therapy, PLLC Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important to have a clear understanding about how the therapeutic relationship will work, and what to expect. This consent form will provide a clear framework for the therapeutic relationship. Your therapist is available to discuss any questions or concerns you may have. You will be asked to acknowledge that you have read, understand, and agree to the terms of this consent form by signing below.

Therapeutic Process Risks and Benefits

You have taken a very positive step by deciding to seek psychotherapy. Psychotherapy has both benefits and risks. The outcome of your treatment depends largely on your willingness to engage in the process. The process of psychotherapy often involves discussing unpleasant aspects of your life and you may, to some degree, experience uncomfortable or negative feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy has also shown benefits to individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. Each person's experience is unique, and as such, there are no guarantees of what you will experience. Behaviors and/or circumstances may not change. However, through psychotherapy your therapist will work to understand and support you, and help you clarify your goals.

Initial Assessment, Termination of Treatment, and Referral to Others

The psychotherapy process includes an initial evaluation that involves gathering information about your background and presenting concerns. Following the evaluation, treatment options and treatment planning will be discussed. Throughout the process we will evaluate and discuss the effectiveness of the therapy to determine if alternate services may be more effective. You have the right to terminate treatment at any time, for any reason. Your therapist may also terminate treatment after appropriate discussion with you if it is determined that psychotherapy is not being effectively used or if you are in default on payment. The termination process includes discussing and exploring the reasons and purpose of terminating treatment. If therapy is terminated for any reason or you request another therapist, you will be provided with a list of qualified psychotherapists. You may also choose someone on your own or from another referral source.

Should you fail to present to three (3) consecutive scheduled sessions or to schedule a follow-up session for over four (4) consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, the professional relationship will be discontinued.

Confidentiality

Information shared within the context of the therapeutic relationship will be held in confidence and will not be released without your written consent, except for professional consultation if needed and as required by law. There are certain limitations to confidentiality that are outlined below:

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1. Child Abuse: If your therapist has reasonable cause to believe a child known to him/her in his/her professional capacity may be an abused child or a neglected child, he/she therapist must report this belief.
2. Adult and Domestic Abuse: If your therapist has reason to believe that an individual has been abused, neglected, or financially exploited, he/she must report this belief.
3. Serious Threat to Health or Safety: If your therapist believes that you present a clear, imminent risk of serious physical or mental injury or disease or death to yourself or another individual, your therapist may make disclosures he/she considers necessary to protect you or another individual from harm.
4. Your therapist may make disclosures as required or otherwise authorized by law.

You are also protected under the provisions of the Health Insurance Portability and Accountability Act (HIPAA). For more information related to the privacy of your health information see Envision Therapy's Notice of Privacy Practices.

Billing and Payments

You are expected to pay for each session at the time it is held, unless we agree otherwise.

Appointments and Cancellations

The standard meeting time for psychotherapy is 50 minutes. However, you may determine the length of time suitable for your individual sessions. Requests to change the 50-minute session must be discussed with the therapist in advance.

Cancellations and re-scheduled appointments require 24 hour notice. You will be charged a fee of \$130 if cancellation or re-scheduling takes place less than 24 hours prior to the start of your scheduled appointment. If you are late for a session, you may lose some of that session time.

A \$10.00 service charge will be charged for any checks returned for any reason.

Telephone Accessibility

If you need to contact your therapist between sessions, please leave a voice mail message. Your therapist is often not immediately available but will try to return your call within 24 hours. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out-of-town, sick or need additional support, phone sessions are available at the following out-of-pocket rates:

- \$50 for 15-30 minutes
- \$100 for 30-45 minutes,
- \$120 for 45-60 minutes.

IN AN EMERGENCY PLEASE CALL 911 OR VISIT A LOCAL EMERGENCY ROOM

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, friend or contact requests from current or former clients on any social networking site (Facebook,

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LinkedIn, etc.) will not be accepted. Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions about this, please bring them up with your therapist.

If you see your therapist outside of the therapy office, he/she will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance, and your therapist does not wish to jeopardize your privacy. However, if you acknowledge your therapist first, he/she will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Electronic Communication

Confidentiality cannot be assured through the use of any form of electronic media communication, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, you will be accommodated. Your message will be returned in timely manner, however, immediate response cannot be guaranteed. It is requested that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Parents and Minors

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is Envision Therapy's policy not to provide treatment to a child under the age of 12 unless s/he agrees that the therapist can share whatever information they consider necessary with a parent. For children 12 and older, Envision Therapy requests an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's consent, unless there is a safety concern (see also above section on Confidentiality for exceptions), in which case every effort will be made to notify the child of the therapists intention to disclose information ahead of time and handle any objections that are raised.

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Client/Responsible Party Acknowledgment and Acceptance of Terms

I understand that this agreement is valid during the time that I am participating in services with Envision Therapy. I have read, understand, and agree with the content and have been offered a copy of the Informed Consent for Psychotherapy. I acknowledge that I have had an opportunity to have my questions answered prior to signing this consent and participating in services. I am aware that I can stop therapy at any time.

Signature of Client (Required for clients 12 years and older)

Date

Signature of Parent/Legal Guardian/Representative
(Required for clients 17 years or younger)

Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.):

Signature of Witness Attesting to Identity and Authority

Date