

**Psychotherapy Information and Consent Form**

**Risks and Benefits:** Psychotherapy can have both risks and benefits. The therapy process may include discussions of your personal challenges and difficulties, which can elicit uncomfortable feelings such as sadness, guilt, anger and frustration. However, therapy has been shown to have many benefits. It can often lead to better interpersonal relationships, improved work/academic performance, solutions to specific problems, and an increased capacity to manage intense feelings. But, there is no assurance of these benefits. Therapy requires your very active involvement in order to work towards growth. I will be committed to this process and work hard for you, and I will ask you to do the same.

**Confidentiality:** In keeping with ethical standards of the National Association of Social Workers, all services provided are kept confidential, except as noted below. At times, I may consult as needed with supervisors or colleagues about the best way to provide the assistance that you might need. As required by social work practice guidelines and current standards of care, we keep records of your therapy. Neither the fact that you seek therapy, nor any information disclosed in the therapy sessions will be disclosed except as requested by you and as noted in the exceptions below. I have a legal responsibility to disclose patient information without prior consent when a patient is likely to harm himself/herself or others, unless protective measures are taken, when there is reasonable suspicion of abuse of children, dependent adults or the elderly, when the client lacks the capacity to care for him or herself and when there is a valid court order for the disclosure of client files. Fortunately these situations are infrequent. By signing this form you also give me permission to communicate with the Emergency Contact that you have designated if I believe that you are at risk. Please consult with me if you have any questions about confidentiality.

**Cancellation policy:** Consistency is essential for effective therapy. As part of our treatment commitment, I do ask that you communicate at least one week ahead of time if you will be out of town or away for an extended period of time. If you are late or do not arrive for a session, you are still financially responsible for the time we have scheduled. In order to cancel a session without charge, I require 48 hours notice.

**Fees:** We will agree upon a fee at our first session. All fees are due at the time of session, unless we make alternative arrangements. In general, your fee will be assessed annually. You will be charged for contact outside of session time that exceeds 15 minutes, including collateral contact.

Please sign below to indicate that you understand and agree to participate in therapy in accord with the above policies.

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Client's Name (Print)	Signature	Date
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Name of Parent/Guardian (If client is a minor)	Signature of Parent/Guardian	Date
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