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Informed Written Consent for Counseling

Counselor Relationship Role

1. The counselor will help establish goals and objectives to be achieved during the counseling experience.
2. The counselor will discuss with you the rationale for interventions and techniques that I believe will assist in meeting therapeutic objectives.
3. The counselor will discuss with you the anticipated benefits as well as the possible undesirable effects of group counseling work.
4. The counselor can make no guarantees as to the outcome of your counseling experience. The counselor will, however, monitor with you the progress of your therapy and the degree to which the treatment is meeting your needs. If at any point it is evident that you would be better served by a mental health professional other than myself, I will assist you by providing a list of referrals.

Confidentiality

1. Any and all information, including your identity, will remain strictly confidential unless the counselor has your written permission to the contrary. Session notes will be made available to you within 24 hours after receiving a written request.
2. Any and all information disclosed by other group members during a group session is confidential and may not be discussed by group members outside of the group session.
3. The counselor will, as bound by law, report all cases of child/elder abuse (actual or suspected) to the appropriate state or community agency. Further, the counselor is obligated by law to intervene, including breaking confidentiality, in situations where there is evidence that you are at risk of doing harm either to yourself or others, and/or other's property. The counselor is also bound by law to report full and accurate information regarding the content of counseling sessions in cases where she has received a subpoena or court order to do so. If you wish to file for insurance reimbursement, the counselor will be required to assign a diagnostic label to claim forms. If this is your wish, the counselor will discuss the nature of the diagnostic code with you.
4. In cases where the counselor is required to break the agreement of confidentiality, she will, if possible, discuss the specifics of the particular situation with you.

Client's Relationship Role

1. After discussing the objectives of the group therapy format, I am freely agreeing to take part in the therapy, and work toward the achievement of the objectives the counselor and I will set, knowing the desirable and undesirable effects that are possible.

Note: Counseling can be tremendously beneficial for some individuals. There can be no guarantee, however, that your participation in individual therapy will result in a positive benefit. Counseling also carries with it some risks you should be aware of. Through the process of opening up personal issues, you may experience unwanted feelings that can include but are not limited to: sadness, anger, fear, guilt, anxiety, etc. It is important to remember that these feelings may be a normal, natural, and necessary part of the counseling process. Other risks of counseling might include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences; alteration of your ability or desire to deal effectively and harmoniously with others in relationship. In counseling, major life decisions are sometimes made including: separation within families, development of other relationships, changing employment, or changing lifestyles. These decisions are legitimate outcomes of counseling. Your therapist will discuss with you any questions or

concerns you may have with the counseling process and/or if your desired goals should change.

2. I agree to participate, to the best of my ability, in all sessions. Should I decide that I no longer wish to continue in personal therapy, I will share my decision with the counselor and attend a final group meeting to achieve closure with the group members.

Crisis Intervention

I understand that if I am in need of crisis intervention services I may contact Jackie Alexander at 860-408-1595. I understand that Jackie may not be available when I am in need of crisis intervention services. Under those circumstances, I agree to call a crisis hot line 860-747-3434 or hospital emergency room closest to my location to obtain the crisis intervention support I need.

Fees and Appointments

1. I agree to keep all scheduled appointments unless a personal emergency occurs. Furthermore, in the event that I cannot attend an appointment, I will give 24 hours notice.
2. I understand that there is a fee of \$55 per session.

Relationship Termination

1. I have been assured of my right to terminate participation in group therapy at any time, for any reason.
2. I understand that I may terminate my relationship with the counselor at any scheduled meeting.
3. I understand that the counselor may terminate our working relationship if it is her professional opinion that I can be better served by another form of mental health service and/or agency, or if we differ in opinion on treatment decisions that the counselor feels are clinically and ethically necessary. If that case should arise, the counselor will provide referral sources and assist me in finding adequate services.

Client Concerns

I understand that at any time I may voice concerns that may arise over the course of my work with the counselor. Further, I understand that my concerns will be taken seriously and efforts will be made to resolve my concerns.

Date: _____

Client Signature: _____

Therapist Signature: _____