

## 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 the client the rationale for interventions and techniques that they believe will assist in meeting therapeutic objectives.
3. The counselor will discuss with the client the anticipated benefits as well as the undesirable effects of counseling work.
4. The counselor can make no guarantees as to the outcome of the client's counseling experience. The counselor will, however, monitor with the client (and parents of minors) the progress of the client's therapy and the degree to which the treatment is meeting their needs. If at any point it is evident that the client would be better served by a different mental health professional, the counselor will assist them by providing a list of referrals.

### Confidentiality

1. Any and all information, including the client's identity, will remain strictly confidential unless the counselor has the client's (or parent of a minor) written permission to the contrary. Session notes will be made available to the client within 24 hours after receiving a written request.
2. 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 the client is at risk of doing harm either to themselves 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 they have received a subpoena or court order to do so. If the client wishes to file for insurance reimbursement, the counselor will be required to assign a diagnostic label to claim forms. If this is the client's wish, the counselor will discuss the nature of the diagnostic code with the client.
3. In cases where the counselor is required to break the agreement of confidentiality, they will, if possible, discuss the specifics of the particular situation with the client.

### Client Relationship Role

1. After discussing the objectives of therapeutic format, the client freely agrees to take part in therapy, and work towards the achievement of the objectives the counselor and client 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 participation in therapy will result in a positive benefit. Counseling also carries with it some risks to be aware of. Through the process of opening up personal issues, the client 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 the client's ability or desire to deal effectively and harmoniously with others in a 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. The therapist will discuss with the client any questions or concerns the client may have with the counseling process and/or if the client's desired goals should change.
2. The client agrees to participate, to the best of their ability, in all sessions. Should they decide that they no longer wish to continue in personal therapy, they will share their decision to leave therapy during a regular session.

**Crisis Intervention**

The client understands that if they are in need of crisis intervention services that they may contact their clinician at 860-408-1595. Each clinician has emergency contact information included in their voicemail message. While clinicians do their very best to be accessible to clients, the client understands that their clinician may not be available when they are in need of crisis intervention services. Under those circumstances, the client agrees to call mobile crisis at 211 or to go to a hospital emergency room closest to their location to obtain the crisis intervention support they need.

**Fees and Appointments**

1. The client agrees to keep all scheduled appointments unless a personal emergency occurs. Furthermore, in the event that the client cannot attend an appointment, they will give 24 hours notice.
2. The client understands the following fee structure:
  - Individual therapy: \$150 per 60 minute session
  - Group therapy: \$55 per 75 minute session
  - Case Management: (phone calls/emails/etc. outside of regular session time):  
\$150 per hour, prorated to the nearest ten minute interval. Bills for case management services will be sent on a monthly basis.

**Relationship Termination**

1. The client has been assured of their right to terminate participation in therapy at any time, for any reason.
2. The client understands that they may terminate their relationship with the counselor at any scheduled meeting.
3. The client understands that the counselor may terminate their working relationship if it is their professional opinion that the client can be better served by another form of mental health service and/or agency. If such case should arise, the counselor will provide referral sources and assist the client in finding adequate services.
4. The client also understands that the counselor may terminate their working relationship if it is their professional opinion that the differing perspectives on treatment between client and counselor place the counselor in an ethical conflict.

**Client Concerns**

The client understands that at any time they may voice concerns that may arise over the course of their work with the counselor. Further, the client understands that their concerns will be taken seriously and efforts will be made to resolve their concerns.

Date: \_\_\_\_\_

Client signature: \_\_\_\_\_

Clinician signature: Jacqueline Leonard, MSW, LPC

Clinician signature: Brian Fancypak

Clinician signature: Cynthia M Garvey