

INFORMED CONSENT FOR PSYCHOTHERAPY

GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Psychotherapy is the use of psychological methods, particularly when based on regular personal interaction or conversation, to help a person change behavior and overcome problems in desired ways. Psychotherapy aims to improve an individual's well-being and mental health, to resolve or mitigate troublesome behaviors, beliefs, compulsions, thoughts, or emotions, and to improve relationships and social skills. It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that we are partners in the therapeutic process. You have the right to agree or disagree with my beliefs, opinions, or recommendations. I will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. When entering into therapy you should be aware of these possible outcomes:

* During evaluation or throughout the therapy process, recalling or talking about unpleasant events, feelings, or thoughts can result in experiencing discomfort or strong feelings, or experiencing anxiety, depression, insomnia, etc. You may not necessarily walk out of a session feeling as good as or better than when you came in.

* Some of your assumptions or perceptions may be challenged, or proposals of different ways of looking at, thinking about, or handling situations may be offered, and these may cause you to feel very upset or challenged.

* Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships or the dynamics therein, may result in changes that were not originally intended.

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* Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Change may sometimes be easy and swift, but more often it will be slow and even frustrating. Therapy offers no “quick fixes” and sometimes one will feel worse before feeling better. For every person it is different. The goal of therapy is to achieve a positive outcome, however, there is no guarantee that intended results will be attained.

Remember, you can choose to leave therapy at any time. You don’t even need a reason. Talk therapy may be a solution for you, but not the only one. You are the sole arbiter of whether or not therapy will serve you.

CONFIDENTIALITY

The session content and all relevant materials to the client’s treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

- If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
- If a client threatens grave bodily harm or death to another person.
- If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
- Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
- Suspected neglect of the parties named in items #3 and # 4.
- If a court of law issues a legitimate subpoena for information stated on the subpoena.

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- If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

CONFIDENTIALITY WITH MINORS

Communications between therapists and patients who are minors (under 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, in the exercise of my professional judgment, I may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Printed Name: _____

Client signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Clinician Signature: _____

Date: _____