



**SECURE
HAVEN
CARE**

Informed Consent for Psychotherapy

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General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Please be advised that with the Covid-19 pandemic I am taking every measure that I can to ensure your safety. Appointment times will be staggered so that I have time to disinfect. With that being said, please be advised that there may be a possibility of exposure and that you knowingly are willing to take responsibility for your health. If you are exposed I will inform you as soon as I am aware. It will be important to understand that the Health Department will also be informed to reduce the spread of the virus. Masks will be provided for consumers as needed. The lobby is closed. Only the person receiving treatment will enter the office. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you, recognize repeating patterns of behavior, and help you clarify what it is that you want for yourself.

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:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. 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.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. 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.
8. Should you inform me that you have been exposed to Covid-19 by the rules and regulations set by the Licking co. Health Department I must let them know who may have been exposed to help prevent the spread and to insure the safety of you and all clients.

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 or other personally identifying information..

If we see each other accidentally outside of the therapy office, please know that I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I 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.

About the therapist

My approach to therapy is called "Person-Centered." This is a philosophy of counseling which focuses on the unconditional positive regard for clients and the therapeutic alliance that promotes self-discovery and healing. I use a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journaling, drawing, role play and reading books. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider regarding somatic treatments that could help your problems; I refer both to traditional and non-traditional (homeopathic and Oriental medicine) practitioners, and will be glad to discuss with you the pros and cons of various alternatives. I may suggest that you get involved in a therapy or support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. You have the right to refuse anything that I suggest. I do not engage in personal relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the power I have as a therapist.

PLEASE SIGN BELOW STATING YOU HAVE READ, UNDERSTAND, AND AGREE TO THE ITEMS IN THIS DOCUMENT.

NAME: _____
(Print name)

SIGNATURE: _____

RELATIONSHIP TO CLIENT: _____

DATE: _____

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