



EMPOWERED LIFE COUNSELING, PLLC

Counseling Informed Consent

_____ Initial **CONFIDENTIALITY:** Everything you say in these sessions and the written notes I take are confidential and may not be released to anyone without your written permission except where disclosure is required by law.

_____ Initial **WHEN DISCLOSURE IS REQUIRED BY LAW:** Disclosure is required or may be required by law when there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to me that the you present a danger to others. Disclosure may also be required by the courts.

_____ Initial **EMERGENCY:** If there is an emergency during therapy or after therapy, and I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet.

_____ Initial **TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact me between sessions, please call (918) 991-5538. If I do not answer, I will return your call as soon as possible. If an emergency situation arises, indicate it clearly in your message. If you need to talk to someone right away, call 911 or go to your nearest emergency room.

_____ Initial **THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE:** Therapy can affect you in many ways. You may resolve the problem you came in for but it takes effort on your part. I want you to be open and honest. We may also talk about unpleasant events which may cause you discomfort and I may challenge some of your ways of thinking. You must also know that while we expect change, there is no promise that this therapy will yield a positive result. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. I am likely to draw on various psychological approaches. These approaches may include EMDR (Eye Movement Desensitization and Reprocessing) Cognitive/Behavioral, Psychodynamic, Family Systems, or Play Therapy. I do not prescribe drugs.

_____ Initial **COURSE OF TREATMENT:** On approximately your second visit, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy or about the treatment plan, please ask and I will explain it to you. You also have the right to ask about other treatments for your condition and their risks and benefits.

_____ Initial **TERMINATION:** *Treatment is intended to continue until your goals are met.* If you feel you are not making progress during treatment, it is important to discuss your concern with your therapist. It is possible you may need to be referred to another provider who could better meet your needs. Your therapist will discuss the end of therapy with you when you appear to be close to meeting your goals. You have the right to end therapy at any time.

_____ Initial **DUAL RELATIONSHIPS:** "Dual relationship" refers to any relationship between you and your therapist that is not a client-therapist relationship. Not all dual or multiple relationships are unethical or avoidable. Therapy should not involve any relationship that impairs the therapist's objectivity, clinical judgment or can be exploitative in nature. It is important to realize that in some areas multiple relationships are unavoidable. I will not publicly acknowledge working with you without your written permission. I will not accept you if I feel a significant dual or multiple relationship exists. It is your responsibility to advise me if any dual or multiple relationship becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if you find it is or may interfere with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

I have read the above policies. I understand them and agree to comply with them.

Client's Signature _____ **Date** _____
Therapist's Signature _____ **Date** _____