



INFORMED CONSENT FORM

CONFIDENTIALITY

All communications between you and me will be held in strict confidence unless you provide written permission to release information concerning your treatment, by signing a Release of Information Form. When conducting couples counseling, I am a neutral party. It is important for you to know I have a “no secrets” policy. Feel free to ask me about this policy and how it may apply to you.

Exceptions to this confidentiality include:

1. My legal obligation to protect a client who is in imminent risk of harm to self or someone else.
2. My legal obligation to report suspected abuse or neglect of children, elderly persons or disabled person.
3. My legal obligation to comply with a court order of subpoena of records.

In the event of something happening to me; such as death, becoming incapacitated, or any other medical condition that leaves me unable to perform my duties, my colleague Yvette Brindle-Decancq, LMHC will be contacting you to inform you of this.

RELEASE OF INFORMATION

A Release of Information Form signed by you is required before I will send or receive records from other health care providers. The exception is in the case of a delinquent account. Financial information can be forwarded to a collection agency, should that ever become an issue.

SATISFACTION GUARANTEE?

In counseling it is impossible to guarantee a specific positive outcome. But I can guarantee I will give you my best and work with you to achieve the best results possible for you. If, however, at any time you feel dissatisfied with the service provided please let me know so I can make every effort to resolve the problem. Should the problem be unresolvable, I can refer you to another counselor in the area, if you would like.

NOTE: All payments made are nonrefundable.

TERMINATION OF COUNSELING

The length of the counseling process and timing of eventual termination depend on the nature of the problem and the progress you achieve. You may discontinue counseling at any time. Discussion with me about the planning of termination is a good idea and benefit to the counseling process. The idea is not to stay in counseling inevitably but to set goals, work towards those goals and achieve those goals. If you or I feel that you are not benefiting from counseling, either of us may bring it up in discussion to explore alternatives. These alternatives can include (but not limited to) referral, revisit and amend the treatment plan and goals or terminate the counseling process. I will discuss the plan for termination with you as you approach the completion of your counseling goals.

If you have not come in for a session over a period of 90 consecutive days, your file will be closed and I will no longer be responsible as your therapist. If you need to come back after those 90 days, you may do so by simply contacting me and setting up an appointment. Depending on length of time, you may need to resign the paperwork and make the necessary updates to your client file.

ILLNESS

The responsibility that you have, along with myself, is to adhere to the current protocols and to keep basic health considerations in place. Such as, if you are not feeling well (fever, flu like symptoms or any other illness), please reschedule or choose to do an online session. If you have COVID or any other illness that you are experiencing symptoms 24 hours prior or closer to our scheduled appointment, you must reschedule or do an online session. Where there has been exposure to COVID or any other highly contagious illness, we will discuss and decide what is best for you and myself. I will also respect and adhere to these guidelines as well.

Please sign and date this form below. A copy can be given to you upon request and I will keep one in your confidential records.

Your signature indicates that you have read this Informed Consent Form and understand its content. Please ask me to address any questions or concerns you have about this information before signing.

I have read and understand the policies and procedures and agree to abide by them.

Client Name

Client Signature

Date