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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. 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. We cannot promise that your behavior or circumstance will change. We can promise to support you and do our very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

ASSESSMENT

The initial stage of treatment is designed to help us understand your expressed need for services. We gather information to learn about your situation and determine what treatment intervention we feel would be most helpful. By the end of the evaluation, your provider will be able to offer you some initial impressions and discuss recommendations. You should evaluate this information along with your assessment and level of comfort with your provider. If you have questions about your plan of care, you should discuss them with your provider. If you have concerns about your plan of treatment or feel uncomfortable with your provider, we are happy to discuss these concerns and possibly suggest other providers both within and outside of our practice that may be better suited to meet your needs.

TREATMENT GOALS

Once it has been established that PERSOMA Counseling Associates is an appropriate resource for you, your provider will begin to work with you on establishing treatment goals. These goals will reflect the understanding that the provider has of your situation and be created, with your input, to guide the treatment. Progress with goals will be reviewed periodically to ensure that treatment is effective. It is important to understand that for progress to occur, you are responsible for working on goals outside of the scheduled sessions. Psychotherapy and psychiatric treatment have been shown to have benefits and can lead to a significant reduction of feelings of distress and improvement in life functioning. However, there are no outcome guarantees. Additionally, there may be unintended impact on your sense of self, relationships with family members or connections with others. Your provider is available to discuss these issues with you at any time during treatment. Sometimes, these discussions are important in considering your options, including whether or not to continue with treatment. Treatment is always voluntary and can be discontinued without penalty at any time.

SERVICES OFFERED

You will be offered services specifically tailored to meet your unique needs. All providers are state licensed and abide by the code of ethics associated with their discipline. They are required to receive ongoing training to maintain their license. Services that we currently offer include individual, family, marital, and group therapies as well as medication management offered through psychiatrists or Certified Nurse Practitioners. We are also able to offer tele-psychotherapy services as an adjunct to regularly scheduled sessions. It is your responsibility to contact your insurance carrier to determine your coverage for these services, including copayments and deductibles.

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.

Occasionally we 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.

If your provider sees you accidentally outside of the therapy office, he/she will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to us, and we do not wish to jeopardize your privacy. However, if you acknowledge him/her first, he/she 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.

MINORS

While privacy in therapy is crucial to successful progress, parental involvement is also essential. For children 14 and older, we request an agreement between the child and the parents allowing general information about treatment progress to be shared. All other communication will require the child's agreement, unless there is a safety concern in which case, we will make every effort to notify the child of our intention to disclose information to the parent/guardian. If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. At times these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If we ever believe that your child is at serious risk of harming him/herself or another, we will inform you immediately.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment after appropriate discussion with you and a termination process if we determine that the psychotherapy is not being effectively used or if you are in default on payment. We will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, we will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued. You can contact the business office or your provider to re-engage in treatment should you so desire.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of treatment.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Name: _____

Date: _____