



Informed Consent for Counseling & Psychotherapy

GENERAL INFORMATION

The therapeutic relationship is unique in that it is 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 your counselor. 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

1. You have taken a very positive step by deciding to seek counseling. 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. Your counselor cannot promise that your behavior or circumstance will change. However, your counselor can promise to support you and do their very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

COUPLES/FAMILY COUNSELING

1. When a counselor works with couples or families, the identified “client” or treatment unit is the couple/family. During the course of counseling, we generally prefer that the members of the couple/family are seen together for sessions, because our professional opinion is that healthy relationships are built on openness and truth. Sometimes it may be necessary to see each of you in one or more one-on-one sessions.
2. Please be aware that your case may be shared with other counselors during supervision/peer review.

CONFIDENTIALITY FOR EMPLOYER SPONSORED SERVICES

Your utilization of and participation in counseling services provided by Allied Wellness Collective will always remain confidential from your employer. The use of employer sponsored services does not negate, void, or in any way change the application of Federal or State law or policies enforced by Allied Wellness Collective, no identifying information or protected health information will be shared with your employer at any time, unless you specifically request that information be shared and you complete and sign an authorization and consent to release information. Any billing conducted for services in which you engage will not include any identifiable information.

GENERAL CONFIDENTIALITY

1. 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:
2. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner that creates substantial risk of incurring serious bodily harm.
3. If a client threatens grave bodily harm or death to another person.
4. If the counselor 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.
5. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
6. Suspected neglect of the parties named in items B and C.
7. If a court of law issues a legitimate subpoena for information stated on the subpoena.
8. If a client is in counseling or being treated by order of a court of law, or if information is obtained for rendering an expert's report to an attorney.
9. If you and your counselor see each other accidentally outside of the counseling office, your counselor 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 your counselor first, they will be more than happy to speak briefly with you but feel it's appropriate not to engage in any lengthy discussions in public or outside of the counseling office.

SPECIAL SUPERVISION/PEER CONSULTATION ARRANGEMENTS

1. Allied Wellness Collective, IPA, LLC, is an independent practice association, comprised of independent healthcare providers and practices working together to provide a collaborative, comprehensive approach to your healthcare treatment. As such, all participating providers of Allied Wellness Collective have signed business associate agreements, confidentiality agreements, and other binding documents which hold them to the highest level of privacy, confidentiality, and security of your healthcare information.
2. As part of the collaborative approach to healthcare treatment, providers will often consult with each other to ensure that every patient is receiving the best possible care. As a patient of Allied Wellness Collective, your information may be shared among providers, when medically or clinically appropriate. If, at any time, you would like your information to be restricted to or from specific providers, you have the right to notify us and we will ensure that your information is only available to those providers whom you designate.