

## **Informed Consent**

### **Part I: Your Rights as Client(s)**

1. You have the right to ask questions about any procedures used during therapy; if you wish, I will explain my approach and methods to you. If I see a child under the age of consent (which varies for different states/jurisdictions), all custodial parents have a right to information shared in the session. Custodial parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the child and the therapist.
2. You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals whose services you might prefer at a cost equal to or less than my own fee.
3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me if you make such a decision without consulting with me.
4. You have the right to review your records in the files at any time. I do not keep any "secret notes," so please do not ask me to do so.
5. One of the most important rights involves confidentiality. With the limits of the law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member is being seen in therapy, the therapist views the family/couple as a whole as the client. Therefore, releases of information for family sessions require the written approval of every consenting member of the family who was present at any time during treatment.
6. When seeing couples, it is not uncommon for me to have at least one individual session with one or both people. When this occurs, information during those sessions is confidential. This is not an opportunity, however, to share information with me that you do not wish your partner to know. If you tell me something, like of an ongoing affair, I assume that you are telling me because you are looking for help to bring this information to your partner. There are times when you might feel more comfortable saying something privately out of concern for your partner's feelings. Again, when this is the case I assume you are looking for a way to bring that data to the fore. If you bring things up in an individual session that work against our basic goals in the couples' sessions then we either find a way to bring that information to say that to the other partner, or I reserve the right to refer you to another therapist. I cannot be a keeper of secrets as doing so would inhibit my ability to work with you as a couple.
7. If you request it, any part of your record in the files can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful in any way to you.
8. You should also know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows: (a) If you threaten grave or bodily harm or death to another person, I am required by law to inform the police; (b) If a court of law issues a legitimate court order (signed by a judge), I am required by law to provide the information specifically described in that order;

(c) If you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority; (d) If you are in therapy by order of a court of law, the results of treatment ordered must be revealed to the court; and (c) If you are seeking payment through an insurance company, I may be required to reveal confidential information to them (each insurer is different). Please know that if a child tells me he/she is being or has been abused even a single time, I will report this. It is not my job to investigate these matters. That is the job of Child Protective Services. It is my job to help protect the most vulnerable of us.

9. You have the right to know about the possible harmful results of therapy.

Initial: \_\_\_\_\_

## Part II: The Therapeutic Process

Therapy will seek to meet goals established by all persons involved, usually revolving around specific presenting problems. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Another possible benefit may be a greater understanding of family and personal goals and values; that may lead to a greater maturity and happiness as individual and increased relational harmony. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy.

In working to achieve these potential benefits, however, therapy will require that firm efforts be made to change and may involve the experiencing of significant discomfort. Therapeutically resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended.

## Part III: Fee and Length of Therapy

1. I agree to enter into therapy with Dr. Jeannie Bertoli. I agree to pay \$150 for each 50-minute session. Payment is due at the beginning or end of each session, and no balance will be carried.

2. I understand that I can leave therapy at any time and that I have no moral, legal, or financial obligation to complete any particular number of sessions. I am contracting only to pay for completed therapy sessions and those scheduled and not attended or those for which enough notice was not given (addressed in #3).

3. A 48-hour notice is required for cancellation of a scheduled session. If I do not meet this requirement, I agree to pay the full session fee. I understand that this will be solely my responsibility and is not a charge covered by insurance.

4. I understand that Dr. Bertoli will gladly provide any receipts, letters, or invoices required by my insurance company. She will not, however, complete any forms or file any papers for/with insurance companies.

5. I understand that Dr. Bertoli has the right to seek legal resources to recoup any unpaid balance. In pursuing these measures, she will only disclose biographical information and the amount owed, in order to ensure confidentiality.

**Client** Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Client** Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Therapist:** \_\_\_\_\_ Date: \_\_\_\_\_