



INFORMED CONSENT FOR COUNSELING

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Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you, too.

MY RESPONSIBILITIES TO YOU AS YOUR THERAPIST

1. CONFIDENTIALITY

I adhere to my ethics requirements regarding confidentiality for all counseling. This means I will only release information about our work to others with your written permission, or if we are required to do so by a court order.

If and when we meet by video conferencing, the digital platform we are using uses bank-level encryption to safeguard your privacy. This is good to help you feel safe to share freely with me.

If you choose exclusively electronic communication, this also allows you to reveal limited information about yourself, if you choose. This further protects your privacy.

On the other hand, I am inviting you to give me the contact information of someone close to you. (You may do so at the end of this document.)

I would only contact them if there was evidence of a threat to your safety or abuse of a child, elderly person or other dependent adult. This is highly unlikely, but in those cases, safety would override your privacy concern.

If you do not choose to do so, it means I don't have any way to help you should any emergency arise.

2. RECORD-KEEPING

I keep brief records of each session noting the dates we meet, the topics we cover, progress reports from your perspective as the client, my interventions and impressions as the therapist and next steps. My records are kept private and not shared with others, in accordance with HIPPA requirements.

3. OTHER RIGHTS

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you.

You are free to leave therapy at any time, although I recommend finding a way to give me advance notice so that I can help you end treatment well and consolidate gains (please see section below on Ending Therapy.)

As you may have read, this is a limited service without 24 hour emergency or "on call" coverage. If you believe you will need a therapist with emergency coverage, please seek a traditional counselor. If you experience a psychiatric emergency, you should call 911 or go to the nearest hospital emergency room rather than waiting for me to reply.

4. ENDING THERAPY WELL

I want to make your therapy as successful as possible. To support the end of therapy, I request several weeks of notice prior to your actual leaving to allow you to have an experience of leaving well, with a sense of completion.

If I initiate ending our therapy together, it will be because I feel that I am not able to be helpful to you any longer. My ethics and license require that I offer quality service and have my clients' needs as paramount in my treatment planning.

If I no longer feel that I am the best or right practitioner for you, I will offer referrals to other sources of care, but cannot guarantee that they will accept you for therapy or how they will approach your treatment.

YOUR RESPONSIBILITIES AS A THERAPY CLIENT

You are responsible for coming to your session on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next person's session.

If you miss a session without canceling or cancel with less than 24 hours notice within business hours (Monday-Friday), you will be charged for that session, unless I can reschedule with you within the same calendar week.

COMPLAINTS

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. (Please see the fourth section above on Ending Therapy.)

Your Signature below or Payment for starting psychotherapy signals your consent and acceptance of the Counseling Agreement.

Emergency Contact _____ Phone _____

Your Name (printed) _____ Date _____

Your Signature _____