

Informed Consent to Psychotherapy 2021

Welcome to my psychotherapy practice. I am pleased to have the opportunity to work with you. I am a licensed clinical social worker with more than 10 years of experience. I utilize a treatment approach known as Narrative Therapy. Sessions are tailored to each individual client/couple.

Psychotherapy has both benefits and risks. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees and it is impossible to predict what will happen in the course of treatment. You will likely become aware of thoughts and feelings that neither you nor I could predict. This includes recovering unpleasant and traumatic memories and questioning or deciding to modify some of your interpersonal relationships. Uncomfortable feelings that arise from discussing unpleasant aspects of your life generally dissipate as therapy progresses and your coping improves. It is important that you share with me any difficulties that you have between sessions. Progress in psychotherapy is not even. You should expect to experience both improvement and setbacks. This is normal and should be discussed with me.

Psychotherapy requires an active effort on your part as well as mine. Generally, you will begin the session reporting on issues that have come up since our last session. I will help you to gain insight by asking leading questions and making pertinent interpretations. The success of your treatment is dependent upon the honest relationship between you and me. If you have any concerns or questions, it is important that you discuss them with me. During the early phase of treatment, I will assess your needs and together we will establish goals. If at any time during the treatment, it becomes clear that this is not a good fit or that your needs are not within my area of expertise, I will refer you to another therapist. Furthermore, if you require collaborative services such as a psychiatrist, I will refer you to an appropriate doctor.

Psychotherapy sessions are protected under HIPPA regulations (see separate document). I will not release any confidential information without your written permission except in the following circumstances:

1. I am required by law to report suspected child abuse or neglect to the proper authorities. I am also mandated to report to the authorities patients who are at imminent risk of harming themselves or others for the purpose of those authorities checking to see whether such patients are owners of firearms, and if they are, or apply to be, then limiting and possibly removing their ability to possess them.
2. If you tell me that you intend to harm another person, I must try to protect that person, including by telling the police or the person or other health care providers. Similarly, if you threaten to harm yourself, or your life or health is in any immediate danger, I will try to protect you, including by telling others such as your relatives or the police or other health care providers, who can assist in protecting or assisting you.
3. If I am involved in certain court proceedings, I may be required by law to reveal information about your treatment. These situations include child custody disputes, cases where a client's psychological condition is an issue, lawsuits or formal complaints against me, civil commitment hearings, and court-related treatment.
4. I may consult with other psychotherapists, including a clinical supervisor, and other professionals about your treatment, but in doing so I will not reveal your name or other information that might identify you.
5. If your account with me becomes overdue and you do not pay the amount due or work out a payment plan, I will reveal a limited amount of information about your treatment in taking legal measures to be paid. This information will include your name, social security number, address, dates and type of treatment and the amount

due.

6. If you request that I meet with a significant other or family member (either together with you or individually), you will be deemed to have consented to me discussing with such individual any matters that have been discussed in any of our individual sessions except to the extent you have told me in advance that you want to keep certain matters confidential.

In order for psychotherapy to be successful, the therapeutic relationship must remain distinct from all others. Thus, if you are in psychotherapy treatment with me, we cannot have any outside involvement. Nonetheless that is not always preventable. For instance, we may run into each other in the supermarket or at a social event. We can discuss how you would like to handle these chance encounters. I will not engage in any conversation that will compromise your confidential treatment.

The best way to reach me is at laragoodmanlcsw@gmail.com. My e-mail is confidential, and I make all efforts to return your message as quickly as possible. If you have an emergency and cannot wait, you should call 911 or go to the nearest emergency room. Some people prefer to communicate via e-mail or text. If you choose to e-mail or text, please note that I cannot guarantee the reliability and confidentiality of any e-mail or text communication.

The duration of therapy cannot be predetermined. Together we will determine an appropriate termination date. You always maintain the right to decide to end your treatment at any time. I ask that you discuss it with me so that we can end in a manner that is beneficial to you. I reserve the right to terminate treatment for reasons of outstanding balance in arrears of over 30 days or if I determine that the therapy is not beneficial to you. I reserve the right to terminate treatment if you fail to show for 3 three consecutive appointments.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

_____ Signature of Client or Personal Representative

_____ Signature of Client or Personal Representative

Date: _____

Description of Personal Representative's Authority: _____