



INFORMED CONSENT FOR COUNSELING AND PSYCHOTHERAPY

Welcome to Vision Counseling & Consulting, LLC! Thank you for choosing us to assist along your journey of realizing your purpose.

The Journey

From the time we are born, our journey through life begins. Throughout our journey we encounter many people and environments that teach us valuable lessons. Lessons that will enable you to realize your purpose. As a Licensed Professional Counselor, my mission is to walk with you along your journey, equipping you with the necessary tools to be successful both personally and professionally. Additionally, I will educate you on how to achieve mental, physical, and spiritual wellness, essential elements of a healthy lifestyle.

The choice to enter therapy requires trusting someone else to help you see yourself in ways that you cannot discover alone. Our work will involve a process in which we build a confidential relationship to seek a new understanding of a problematic or stressful life situation while identifying your personal resources that may be hidden from your awareness under the pressure of life stresses. Our ultimate goal is not to solve all of your problems but to improve your ability to make effective life choices. In order for therapy to be most successful, it is important that you remain active. Remaining active involves working with your therapist during session and in between sessions. Your therapist will often provide you with resources (i.e. reading, experiential activities) aimed at enhancing your therapeutic experience. The more you invest in the process, the greater the return!

Therapy

I usually schedule one fifty (50) minute session per week, although sessions may initially be more frequent and later may be less frequent than once per week. In order to provide some continuity to our sessions, I prefer to meet a minimum of once every two (2) weeks. I usually develop a mutually agreed-upon treatment plan during the third and fourth sessions. The majority of my clients report that they experience some relief from some of their presenting problems within six (6) to eight (8) sessions. Of course, in order to make more significant changes in lifestyle and personality functioning, much more time is required. Please be aware that most insurance and managed care plans are oriented toward a short-term treatment approach designed to address specific problems. Short-term problem-oriented therapy can sometimes be helpful in addressing specific problems, but it is not as effective when dealing with chronic problems. In my experience, although quite a lot can be accomplished in short-term therapy, many people feel that more services are necessary. Most managed care companies will allow you to continue

sessions as a self-pay client if you wish to continue sessions that are no longer authorized or considered clinically necessary by your managed care company.

Possible Benefits and Risks

Psychotherapy has both benefits and risks. Potential risks and unpleasant aspects may include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, and frustration. It is possible that you may experience some unpleasant emotions, including uncomfortable feelings or memories, questioning of relationships, and lifestyle adjustments. You might find yourself recalling some unpleasant aspects of your history. You may find yourself questioning and re-evaluating some of your most cherished beliefs and values. It is important to consider that such experiences are a normal aspect of the counseling process, and I am available to talk over with you any of these issues as they may arise. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a reduction of feelings of distress, resolution of specific problems, and improvement in relationships with others. Of course, I cannot offer any guarantee of cure or any promise of improvement of any condition.

Confidentiality

I understand that all information shared with Vision Counseling & Consulting, LLC staff is confidential and no information will be released without my consent (or guardian consent if consumer is a minor). During the course of treatment at Vision Counseling & Consulting, LLC, it may be necessary for my therapist to communicate with other Vision Counseling & Consulting, LLC staff for the purposes of supervision or consultation. While written authorization will not be requested prior to any discussion with other agency clinicians for the purpose of supervision/consultation, I understand that my therapist will discuss these communications with me. In all other circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.
- C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

Treatment Alternatives

There are alternatives to psychotherapy that can be provided by other mental health professionals. Alternative procedures may include prescription medication, marital counseling, family therapy, and other services provided by other psychologists, psychiatrists, social workers, counselors, and other mental health professionals. Other alternatives include personal programs,

12-step groups, self-help books, and even no treatment at all. Each of these alternatives may have its own potential benefits and risks. If during the course of our work together, we discover problems outside the scope of my practice, I will assist you in obtaining a referral to an appropriate specialist for the necessary services.

I have read and understand the above. I consent to participate in the assessment and treatment offered to me by Vision Counseling & Consulting, LLC. I understand that I may stop my treatment at any time.

Client's Signature & Date

Practitioner's Signature & Date