

# Informed Consent\*

Dynamis Counseling, LLC

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Informed Consent for Psychotherapy

## GENERAL INFORMATION

The therapeutic relationship is unique in that it is a 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 me. 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.

## PURPOSE OF TREATMENT

The purpose of treatment is to help clients resolve issues they have not felt successful in resolving on their own. Therapy is most successful when clients diligently pursue and complete established goals. The length of treatment depends upon the clients individualized treatment plan. Clients need to feel comfortable with their therapist as well as their therapist's treatment methods. Depending on a client's needs, different methods of therapy may be used.

## RIGHT TO PARTICIPATE/REFUSE

Unless court ordered, treatment at our practice is voluntary. You have the right to refuse any recommended treatment at any time throughout the therapeutic process. If you are uncomfortable with any treatment recommendations, please let your clinician know immediately to review and revise your treatment plan. Should you choose to end your therapy prior to meeting your goals it is recommended that you schedule a closure session.

## BENEFITS & RISKS

Therapy can have its benefits and its risks. It often involves discussing things that can be painful and you may also experience unpleasant feelings, such as: sadness, anger, guilt and loneliness. The benefits associated with working through unpleasant feelings includes promoting healing, growth and lasting positive change. Benefits may also include, but are not limited to: happier-healthier relationships, a more positive self-image, a sense of wellbeing and solutions to problems. However, there are no guarantees what your experience will be.

## CLIENT RECORDS & CONFIDENTIALITY

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.

To request records, please notify your clinician of your request. We ask all clients requesting records to complete a Records Request form. To ensure records released are clinically appropriate and in your best interest, you and your clinician will review your records request during your following session. Your request will be submitted to our Clinical Supervisor for approval and, if appropriate, sent. This process can take up to 3 weeks.

Limitations of client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist 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.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally we may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If anyone representing Dynamis Counseling, LLC sees you fortuitously outside of therapy, we will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to our practice, and we do not wish to jeopardize your privacy. If you acknowledge us first, we will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

## FEES

You have the right to be informed of all fees and our collection policies. For this reason, we require all clients to sign our Financial Policies & Procedure form. You are encouraged to save that form for your reference.

## TELEHEALTH

Telehealth is a mode of delivering health care services, including psychotherapy, via communication technologies to facilitate diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care.

You have a right to confidentiality with regard to treatment and communications via Telehealth under the same laws that protect the confidentiality of treatment information during in-person psychotherapy. For this reason, neither you nor your therapist may record any session without the other party's written permission

There are risks associated with participating in Telehealth including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of my therapist, that psychotherapy sessions and transmission of treatment information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons, and that the electronic storage of treatment information could be accessed by unauthorized persons. There is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions. Your clinician will attempt to ensure privacy at the beginning of each Telehealth session by verifying your full name and current location.

In most instances, telehealth is as effective as in-person treatment while also being more convenient and flexible. In some instances, Telehealth may not be as effective or provide the same results as in-person therapy. If your therapist believes you would be better served by in-person therapy, your therapist will discuss this with you promptly.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.