



## Informed Consent

---

Client Name \_\_\_\_\_

Welcome to Infinite Hope Counseling LLC. We are pleased that you selected this practice for your therapy, and we're sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from us, policies regarding confidentiality, emergencies, and several other details regarding your treatment here at Infinite Hope Counseling LLC. Although providing this document is part of an ethical obligation to our profession; more importantly, it is part of our commitment to you, to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with us is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

### **BENEFITS & RISKS OF PSYCHOTHERAPY**

---

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. We will ask for your feedback and views on your therapy and its progress. Sometimes more than one approach can be helpful.

During the initial evaluation or the course of therapy, remembering unpleasant events, feelings, or thoughts may result in your experiencing considerable discomfort, strong feelings, anxiety, depression, insomnia, etc. We may challenge some of your assumptions or perceptions or propose different ways of thinking about or handling situations that may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

### **TERMINATION AND FOLLOW-UP**

---

Deciding when to stop our work together is meant to be a mutual process. Before we stop, we will discuss how you will know if or when to come back or whether a regularly scheduled "check-in" might work best for you. If it is not possible for you to phase out of therapy, we recommend that we have closure on the therapy process with at least one termination session.

Noncompliance with treatment recommendations may necessitate early termination of services. We will look at your issues with you and exercise our educated judgment about what treatment will be in your best interest.

Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have concerns or reservations about our treatment recommendations, we strongly encourage you to express them so that we can resolve any possible differences or misunderstandings.

If during our work together we assess that we are not effective in helping you reach your therapeutic goals, we are obliged to discuss this with you and, if appropriate, terminate treatment and give you referrals that may be of help to you. If you request it and authorize it in writing, we may talk to the psychotherapist of your choice (with your permission only) in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, we will assist you in finding someone qualified. You have the right to terminate treatment at any time. If you choose to do so, we will offer to provide you with names of other qualified professionals whose services you might prefer.

If you commit violence to, verbally or physically threaten or harass us, the office, or our families, we reserve the right to terminate your treatment unilaterally and immediately. Failure or refusal to pay for services after a reasonable time is another condition for termination of services. Please contact us to make arrangements any time your financial situation changes.

*Please initial that you have read this page (for couples, two sets of initials are required) \_\_\_\_\_*



## Informed Consent

\_\_\_\_\_  
Client Name

### **DUAL RELATIONSHIPS**

Therapy never involves sexual, business, or any other dual relationships that could impair our objectivity, clinical judgment or therapeutic effectiveness or could be exploitative in nature. It is possible that during the course of your treatment, we may become aware of other preexisting relationships that may affect our work together, and we will do our best to resolve these situations ethically, but this may entail our needing to stop working together, depending upon the type of conflict. Please discuss this with us if you have questions or concerns.

### **CONFIDENTIALITY & RECORDS**

As a psychotherapy client, you have privileged communication. This means that your relationship with us as a client, all information disclosed in our sessions, and the written and electronic health records of those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Most of the provisions explaining when the law requires disclosure are described in our Notice of Privacy Practices.

**When Disclosure Is Required by Law:** Disclosure is required when there is a reasonable suspicion of child, dependent adult, or elder maltreatment (abuse or neglect), when a client presents a danger to self or to others, or is gravely disabled.

**When Disclosure May Be Required:** Disclosure may be required in a legal proceeding. If you place your mental status at issue in litigation that you initiate, the defendant may have the right to obtain your psychotherapy records and/or my testimony. If you have not paid your bill for treatment for a long period of time, your name, payment record, and last known address may be sent to a collection agency or small claims court.

In couples or relationship therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. We will use our clinical judgment when revealing such information.

**Emergencies:** If there is an emergency during our work together in which we become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving psychiatric care, we will do whatever we can within the limits of the law to prevent you from injuring yourself or another, and to ensure that you receive appropriate medical care. For this purpose we may contact the Emergency Contact whose name and information you have provided on your Client Questionnaire.

**Health Insurance and Confidentiality of Records:** Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Often the billing statement and your company's claim form are sufficient. Sometimes treatment summaries or progress toward goals are also required.

**Confidentiality of E-mail, Voice Mail, and Fax Communication:** E-mail, voice mail, and fax communication can be accessed by unauthorized people, compromising the privacy and confidentiality of such communication. However, Infinite Hope Counseling LLC utilizes services that have sought and received security certification consistent with the Health Insurance and Portability Act (HIPAA).

Infinite Hope Counseling LLC uses the following Google Apps services (Gmail, Google Calendar, and Google Drive) along with the Google Apps Vault, which archives user data from these three services. Google sought and received security certifications, which include HIPAA for those apps only. We have access to data from those Google Apps on the office telephone, office tablets, and office computers, all of which are password-protected and can be disabled remotely if necessary.

Infinite Hope Counseling LLC also utilizes RingCentral Office, a cloud-based telephone system (call handling, texting, and voicemail) and RingCentral Fax, a HIPAA-compliant cloud-based fax system for electronic faxes. Please notify

*Please initial that you have read this page (for couples, two sets of initials are required) \_\_\_\_\_*



## Informed Consent

---

Client Name \_\_\_\_\_

us at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices. Please do not contact me via email or faxes for emergencies.

Infinite Hope Counseling LLC utilizes TherapyNotes, a HIPAA-compliant, web-based mental health practice management program for client scheduling, electronic-medical records, and integrated billing.

**Consultation:** We consult regularly with other professionals regarding our clients in order to provide you with the best possible service. Names or other identifying information are never mentioned; client identity remains completely anonymous and your confidentiality will be fully maintained. If, for some reason, we believe it is important to consult with another professional in-depth, and we believe identifying information about you may be shared, we will have you sign a release of information allowing us to share this information. Without such a release, we will not consult with another professional providing information that might lead another person to be able to identify you.

**Release of Information:** Considering all of the above exclusions, upon your request and with your written consent, we may release limited information to any person/agency you specify, unless we conclude that releasing such information might be harmful to you. If we reach that conclusion, we will explain the reason for denying your request.

### TECHNOLOGY STATEMENT

---

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that we maintain your confidentiality, respect boundaries, and ascertain that your relationship with us remains therapeutic and professional. Therefore, Infinite Hope Counseling LLC has developed the following policies:

**Cell phones:** It is important for you to know that cell phones may not be completely secure and confidential. However, we realize that most people have and utilize a cell phone. Your therapist may also use a cell phone to contact you. If this is a concern for any reason, please feel free to discuss this with your therapist.

**Electronic Communications (Email & Text Messages):** We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. You are also advised that any email sent to us via computer in a work-place environment is legally accessible by an employer. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

We are ethically and legally obligated to maintain records of each time we meet, talk on the phone, or correspond via electronic communication such as email or text messaging. These records may include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, we must comply.

**Social Networking:** It is our policy not to accept friend or contact requests from current clients on any social networking site (Facebook, LinkedIn, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. You are welcome to follow Infinite Hope Counseling's Facebook site. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Infinite Hope Counseling LLC. If you have questions about this, please bring them up when we meet and we can talk more about it.

**Internet Searches:** While our present or potential clients might conduct online searches about the practice and/or us, we do not search my clients with Google, Facebook, or other search engines unless there is a clinical need to do so, as in the case of a crisis or to assure your physical wellbeing. If clients ask us to conduct such searches or review their websites or profiles and we deem that it might be helpful, we will consider it on a case by case basis and only after discussing possible impacts to our professional relationship and your privacy.

*Please initial that you have read this page (for couples, two sets of initials are required) \_\_\_\_\_*



## Informed Consent

\_\_\_\_\_  
Client Name

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that we are open to any feelings or thoughts you have about these and other modalities of communication

### **MENTAL HEALTH EMERGENCIES**

We are considered to be outpatient therapists, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry beepers, nor are we available at all times. If at any time this does not feel like sufficient support, please inform us, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, we will return phone calls within 24-48 hours. If you have a mental health emergency, we urge you **NOT** to wait for a call back, but to do one or more of the following:

- Call or text 911
- Go to your nearest emergency room
- Call the Suicide Prevention Lifeline at 1-800-273-TALK (8255)
- Use the Crisis Text Line by texting 'MT' to 741-741
- Call the Center for Mental Health's Crisis Line at 1-888-718-2100

I am requesting and consenting to the following services:

- Initial Assessment/Mental Health Evaluation  
 Counseling/Psychotherapy (individual, couples, family, or group)  
 Other Services: \_\_\_\_\_

*Please sign and date below indicating that you have read and understand the contents of this form, that you agree to the policies of your relationship with us, and that you consent to the professional services of Infinite Hope Counseling LLC.*

_____ Client Signature	_____ Date
_____ Client/Partner Signature	_____ Date
_____ Parent/Legal Guardian Signature <i>mandatory if client is a minor</i>	_____ Date
_____ Therapist/Representative of Infinite Hope Counseling LLC	_____ Date

*I acknowledge the receipt of Infinite Hope Counseling LLC's Notice of Privacy Practices. I understand that this notice may be made available to me on Infinite Hope Counseling LLC's website, but that I may always request a printed copy if I am unable to access it.*

_____ Client Signature	_____ Date
_____ Client/Partner Signature	_____ Date
_____ Parent/Legal Guardian Signature <i>mandatory if client is a minor</i>	_____ Date
_____ Therapist/Representative of Infinite Hope Counseling LLC	_____ Date

*Please initial that you have read this page (for couples, two sets of initials are required) \_\_\_\_\_*