

Informed Consent

Client name: _____ Date: _____

How were you referred to my practice?

Welcome

Welcome, it takes courage to reach out for support and I look forward to supporting your healing journey. These forms contain information about my professional counseling services and business policies. There are also several questions included that will help better identify what challenges you are currently facing so that I can best assist you. It is important that you review the following information before beginning your first session. Please feel free to ask any questions you may have about these policies. There are various places where your signature is required on the following forms; please bring these **completed** forms with you to your first session.

Therapy Services – Risks and Benefits

The role of a Marriage and Family therapist is to assist clients with issues regarding relationships, addictions, and issues such as depression, anxiety, grief, and other challenges that impact you emotionally. Counseling often involves discussing difficult aspects of your life. During our work together you may experience uncomfortable feelings such as sadness, guilt, shame, anger, or frustration. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end. Your journey in therapy may also lead to healthier relationships. Counseling support often helps an individual find solutions to problems with family and friends, life challenges, as well as a reduction in feelings of distress, anxiety and depression. If you ever have any concerns about your therapy process, I encourage you to discuss this with me during your sessions so that we can collaborate together as you move forward.

Termination of Therapy

You may terminate therapy at any point. When our work comes to a close, I ask that you schedule at least one final session in order to review the work you have done. Occasionally clients return to therapy to process new challenges. If you decide to return in the future, please know that I have an open door policy and welcome the possibility of working together again. However, it will also depend upon my availability.

Length of Therapy

Therapy is a process that is unique to each client and the challenges with which he/she is presenting. Some presenting issues can be worked on very effectively in a fairly short period of time (10-20 sessions). Other challenges may take much longer. It can be difficult to predict exactly how long therapy will last and this is best discussed in your first session. We will put together a treatment plan and goals that you will be working toward. A guideline to remember is that forty 50-minute therapy sessions equate to less than an average work week. If you have questions regarding the length of treatment, please feel free to discuss this with me at the start and/or at any point during therapy.

Confidentiality

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission. **There are exceptions to confidentiality where disclosure is required by law (see below).** There may be occasions where I may consult with adjunct therapists in order to discuss aspects of your sessions to best support your process. When doing so, please understand that your name will not be used and I will change significant identifying details in order to protect your confidentiality. Your confidentiality is very important to me. Should you request that I speak with another professional or person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), you must first provide your signed written consent in order to do so and only after we determine if this is in the best interest to support your therapeutic process and progress.

Legal Exceptions to Confidentiality

I take confidentiality very seriously. Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or unless mandated by a court of law. **Legally, therapists are mandated reporters of abuse or intent to harm another.** If you are suicidal or homicidal, I will take all reasonable steps to prevent harm to you or another.

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide), or threatens to damage another person's property.

If you are homicidal and make a serious threat to hurt another person(s), I will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if a court issues an order to release records (for example a divorce hearing or custody hearing), I must abide by the court order and may be compelled by court order to testify under oath and thus must answer all questions honestly.

Mandated Reporting of Incidents Involving Minors

A minor is defined as any person who is legally under the age of 18.

I am obliged under law to report to the appropriate authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a child is engaged in an obscene sexual act.

Should you choose to disclose that you have accessed child pornography of any kind (currently, recently, or in the past) during any of the following:

- via your client consent forms
- an assessment tool that is administered as part of your treatment, such as the SDI (Sexual Dependency Inventory), or via other assessment tools (such as the SAST or Sex Addiction Assessment Tool) that are administered
- during an individual, group, or couple's session in the office
- via email, text, phone, regular mail
- or by any other means in or out of session

it is important for you to understand that **I am mandated to report this to legal authorities.**

I typically do not work with minors as clients. However, therapists are mandated reporters of any sexual acts involving minors. This means that if I learn of **any** incident involving minors and illegal sexual activity or abuse, **I am legally required to report this to the proper authorities.**

If you are a parent seeking therapy and discuss with your therapist your concern over your minor teenager sexting OR exchanging nude or sexual pictures of herself/himself to a teenaged minor boyfriend/girlfriend, I am mandated by law to report both minors to authorities under AB1775 for "knowingly accessing, streaming, or downloading material where a child is engaged in an obscene sexual act."

Additionally, if you share with your therapist that your adult child or any identifiable adult (18 years or older) that you are in relationship with is sexting or texting sexual or nude images to a minor (for example an 18 year old son texting sexual images to his 16 year old girlfriend), or is downloading or accessing child pornography, I am mandated by law to report this to the authorities.

Please sign and date here if you understand the above stated limits of confidentiality and mandated reporting responsibilities.

Client's signature: _____ **Date:** _____

Emergency Contact Information

In the event of an emergency, please provide a contact person:

Name _____

Relationship _____ Phone _____

Therapeutic Approach & Style

My goal as a therapist is to help people navigate through difficulties in their life and relationships while providing a safe place to heal, explore, develop insight, practice healthy coping tools, and integrate and take responsibility for their changes. I facilitate a process where the client is able to move toward healing, self-acceptance, and to ultimately grow and thrive in a supportive environment. While I will meet you each step of the way in your therapy process with accountability, compassion and empathy, a therapist is not a cure all, a parent, a friend, or a miracle worker.

My therapeutic style is collaborative, honest, challenging, and direct with solid boundaries and empathy. I reflect, assist, encourage, and point out incongruent patterns around actions and words. As your therapist it is important that I will not work harder than my clients or accept responsibility for your choices or consequences. I respect my clients' decisions, and rarely provide advise or direct my clients.

I believe that each client has the potential for healing and change and is responsible for their choices and changes, and for meeting their therapy goals – I do not make guarantees for healing. I use a combination of cognitive behavioral, emotionally focused and restoration therapy with most clients.

Therapy Sessions

Therapy sessions are weekly, and are scheduled in advance. Standard sessions are **50-minutes** in length and begin and end on time.

Longer sessions are available by request and upon availability of my schedule at a prorated fee. At the start of therapy, I may extend your first few sessions past the 50-minutes, however, unless I choose to extend this time, I ask that you please respect your 50-minute session time. If I find that your session tends to run longer, we will discuss this in session in order to maintain healthy boundaries around starting and ending on time.

Fees

My fee is **\$170** per **50-minute** session. This fee is the same for in office, teletherapy (phone sessions), walk/talk, or couple's therapy. On occasion clients will ask for an extended session for 80 minutes. The fee for a **80 min session** is **\$250**. Therapy is an investment in self-care, and is a process that takes time. You are asked to pay the

full fee unless you are **facing serious financial hardship** in which case we can discuss a sliding scale fee before the start of your first session.

Session Payments

Therapy sessions are paid via Cash, Check, Venmo, or all major credit/debit cards. Please fill out the credit card form included in this packet and bring with you to your first session. This information is stored securely and is password protected.

Client Cancellation Procedures and Fees

Short-Notice Cancellation: Appointment cancellations made less than **24 hours** before the scheduled appointment will be charged the full agreed upon fee for the session.

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the full fee for the session.

I understand that my fee will apply to all sessions that are not cancelled by 24 hours prior to my scheduled session. On the rare occasion that an emergency or grave illness occurs that does not allow me to give 24 hours notice, special consideration will be extended. Otherwise the session will be conducted via phone and the fee will stand.

Client's signature: _____ **Date:** _____

Health Care/Managed Care Insurance Policy

In order for the therapist to be reimbursed by an insurance company, a diagnosis of the client must be made and submitted to the insurance carrier before the therapist is paid. Sometimes information on the presenting problem and symptoms the client is experiencing from the client's private therapy records are also required by the insurance company.

This information once released becomes part of the client's medical records and may impact confidentiality. Because of this, **I do not work with Managed Care Health Insurance programs**. I am glad to provide a superbill receipt that you may submit to your insurance company if you wish for a **possible** out-of-network reimbursement, however, I will not fill out forms for or work directly with or on your behalf with your health care insurance company.

Additionally, it is important that you also understand that there is **no guarantee** that your insurance carrier will cover your therapy sessions. I ask that clients carefully consider this before we begin our work together. If you choose to work with me, my policy is a fee-for-service policy.

Policy Regarding Internet, Professional, and/or Social Networking Sites

On the topic of **Social Media and Internet Sites**, my primary concern is **your privacy**. If there are things from your online life that you wish to share, please bring them into your sessions where we can view and explore them together, during the therapy hour.

Email Policy

I prefer using email only to arrange or modify appointments. **Please do not email content related to your therapy sessions, letters to read, blogs, videos, etc., as email is not completely secure or confidential.**

“Friending”

It is my policy to not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). 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.

Referrals of Friends, Family, Co-workers

The greatest compliment a therapist can receive are referrals from current or former clients. There are times when clients wish to introduce their therapist so they can make a recommendation as a referral, which is ethical and acceptable. Please understand that your confidentiality is extremely important to me. If another client that I see referred you to me, or if you refer a friend, co-worker or family member to me, legally and ethically I am not able to acknowledge that other person’s attendance to you if they should begin seeing me in therapy or if they are currently in therapy with me.

Please be assured that I will not acknowledge you as a client to anyone without your written consent, or unless mandated by a court of law. Occasionally we may discover through something you share in a session that I have seen/am seeing someone that you know in therapy. If this is the case, I must maintain that person’s confidentiality as well, and will hold this information just as I would uphold your confidentiality.

Thank you for the referral; I am honored by your trust and confidence.

(Please proceed to the next section and fill out the following information in full.

CLIENT INFORMATION

Full Name: Name that you like to be called (nickname):		Relationship Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Sep <input type="checkbox"/> Cohabiting	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	
Occupation:		Employer:	
Home Address w/zip code:	Email: <hr/> Ok to email? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note that email correspondence is not guaranteed to be confidential)		
Cell Phone#:	Ok to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously attended therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No What kind of therapy? Inpatient /Outpatient/ Other: _____			

BIOPSYCHOSOCIAL HISTORY

Symptoms and Behaviors (Please be as specific as possible to any 'yes' responses)			
Mania/manic symptoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Depressed Mood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Appetite Disturbances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Sleep Disturbances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Change in Energy Level	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Decreased Concentration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Worthless/Helpless Feelings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Anxiety Symptoms/ Panic Attacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High

Bingeing/Purging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ←1 2 3 4 5 6 7 8 9 10 →High
Feelings of Guilt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ←1 2 3 4 5 6 7 8 9 10 →High
Obsessions/ Compulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Phobias	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Medical Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Hyperactivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Are you having suicidal thoughts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", do you have a plan about how you would commit suicide:
Do you have the means to carry out your plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", how would you do this?
Have you ever made a suicide attempt or been hospitalized for suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: Date(s) of attempt(s):
Is there a history of suicide in your family of origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please list who and what year:
Have you had a previous diagnosis by a therapist or psychiatrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list the diagnosis's and the years:
Prescription Medications (please list all currently taking or have taken, the length of time and what they are prescribed for: pain, illness, depression, etc.)			
1. 2. 3. 4.			
List anything other medications or comments that your therapist should be aware of regarding your physical or mental health:			
Substance Use			
Are you currently using alcohol, nicotine or other prescription or non-prescription drugs? Please list how much and how often you drink and/or take prescription or non-prescription drugs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever felt you would like to cut down on your substance use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Have you ever felt you would like to cut down on your substance use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested for a DUI, or drug use? Or do you have a past that involves using drugs or alcohol. Please briefly describe circumstances below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Family & Relationship History (Use reverse side of this page if you need additional space)

	Age	Name	Living (Y/N)	With You
Deceased				
(Y/N)				
Spouse/Partner	_____	_____	_____	_____
Parent	_____	_____	_____	_____
Parent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Sibling	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children/Step	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Are your parents divorced? Yes No Remarried? Yes No

Religion (if any) _____

Family of Origin (Circle Your Answer)

Have you experienced any abuse in your family or relationships?

- None Emotional Physical Sexual Uncertain

In general, how happy were you growing up?

- None Somewhat Mostly Extremely

How much is your family of origin a source of support for you?

- None Somewhat Very Extremely

How much conflict in values do you experience with your parents?

- None Somewhat Substantial

Legal Issues

Have you personally experienced legal problems? No Yes (describe)

Are you currently involved in a lawsuit? If so please describe:

Briefly describe concerns in your life and/or in your relationships that would be relevant for your therapist to know. You may use the back of the form for more space if needed:

On a scale of one to ten, how motivated are you to resolve this issue? _____

Please list your therapy goals (list as many that apply & use the back if need be):

- 1.
- 2.
- 3.

Thank you for taking time to read and complete these questions. This information will be helpful in your therapy process. Your signature is required on the last page before we can begin our work together. Please discuss any questions you may have with Dairek prior to signing.

- I have thoroughly read and fully understand the Informed Consent and the therapy policy pages of this document.
- I understand that I am financially responsible for charges and fees incurred. And I agree to honor the 24 hour cancellation policy.
- I understand limits of confidentiality and all mandated reporting by my therapist.
- I understand that any disclosures of sex with a minor, viewing underage pornography, or sexual behavior with minors (a person under the age of 18) is reportable under law by all therapists.
- I agree to respect the boundaries of contact between sessions and understand email and text is not an appropriate form of processing what is best discussed in session.
- I understand that emailing, texting and cell phone are not guaranteed as confidential.
- I understand and agree to the social media boundaries and policy.
- I have answered all questions in full, truthfully and to the best of my knowledge.
- I have had all questions about this document answered and sign willingly.
- I authorize my therapist, Dairek Morgan LMFT, to provide psychotherapeutic treatment for me, the client, signing below:

Client's name (printed): _____

Client's signature: _____ Date: _____