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## Informed Consent for Psychotherapy

The therapeutic relationship is unique in that it is highly personal and, simultaneously, a contractual agreement. Therefore, it is very important for us to clearly understand how our relationship will work, and what each of us can expect. This consent will clearly outline our work together. Please read this thoroughly and feel free to discuss with me.

You have made a very positive step by seeking therapy. The outcome of your treatment is largely dependent on your willingness to engage in the process, which may, at times, result in considerable discomfort. I cannot promise that your behavior or circumstance will change. I do promise to provide support and do my absolute best to understand you and repeating patterns, and will help you figure out what it is that you want for yourself.

Please initial:

- \_\_\_\_\_ While I anticipate benefits through treatment, I am aware of unforeseen factors that may hinder my counseling and or mental health treatment; I realize that particular results cannot be guaranteed.
- \_\_\_\_\_ Counseling and/or mental health treatment may escalate my emotional, mental, or physical conditions; I may experience new stressors during treatment including anger, depression, anxiety, etc. while attempting to make life changes.
- \_\_\_\_\_ Regular attendance will assist in maximum benefits. I have been advised that I am free to discontinue treatment at any time. If I decide to discontinue treatment I will notify the clinician at least two weeks in advance so that effective planning of continued care can be implemented.

Confidentiality:

All information disclosed within sessions is confidential and may not be revealed to anyone without written consent. For minors (under 18 years) your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and what will be kept confidential. Please be aware that there are exceptions to confidentiality where disclosure is required by law and which will be addressed below.

1. If there is the threat of serious bodily harm to yourself or others, we are required by law to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.
2. 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.
3. Suspicions as stated above in the case of an elderly person or dependent adult who may be subjected to these abuses.
4. Suspected neglect of the parties named in items #2 and #3.
5. If a court of law issues a legitimate subpoena for information stated on the subpoena.
6. 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.
7. If due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, we may have to disclose information in order to access services to provide for your basic needs.

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

If we happen to see each other outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the highest importance, and I do not wish to jeopardize them. However, if you acknowledge me first, I will gladly speak to you briefly. However, it is inappropriate to engage in any lengthy discussions in public or outside of the therapy office.

*I know of no reason why I should not or cannot undertake this counseling and/or mental health treatment and agree to participate fully and voluntarily.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's or Parent/Guardian's Signature  
(if Client is under 18 or cared for by a legal guardian)

\_\_\_\_\_  
Date