

Informed Consent & Policies

What to Expect

Welcome to my therapy practice. I commend you on taking the brave step to reach out for help to find relief and/or to better yourself. Therapy can be a wonderful pathway to help an individual grow, develop new skills, improve or repair relationships and/or resolve concerns. Therapy is most productive when it is a collaborative effort between the clinical social worker and the patient. Making positive changes often requires hard work, consistent effort, honesty and a willingness to change patterns and behaviors. Part of our work may include recalling unpleasant events and discussing painful thoughts and feelings, which may evoke strong emotions and significant discomfort. As we work through change, sometimes things become more difficult before they improve. Progress may be slow or frustrating at times, depending on the concerns and goals, but positive outcomes are worth the effort and time.

My therapeutic approach typically includes a variety of interventions appropriate for the presenting concern(s), and the application of evidence-based practice, based on my clinical judgement. As this is a collaborative process, I welcome any questions or concerns, and we will take time to evaluate progress along the way. Should either of us feel that your clinical needs cannot be met by me, we can discuss termination of treatment and a referral to another qualified professional.

Also, in an effort to maintain your privacy, if we encounter each other on the street or in a social situation, I may not say hello or talk to you unless you initiate contact; this is not a negative personal reaction to you; instead, I will be maintaining your confidentiality. If you choose to say hello or greet me that is your choice and I will let you make the first move towards acknowledging our relationship outside of your therapy sessions. Also, I can only be your therapist. I cannot have any other role in your life. Clinicians cannot be a therapist to someone who is already a friend. Your clinician cannot have business relationships with any clients, other than the therapy relationship. Even if you might invite your clinician, he/she will not attend your family gatherings, such as parties or weddings. As clinicians, we will never be friends with our clients, and we are prohibited from socializing with them.

Phone Messages

I am often not immediately available by telephone. You may always leave a message on my voicemail and I will typically return your call within one business day. If you leave a message on a Saturday or a Sunday, I may not be able to return your call until

Monday. If I will be unavailable for an extended time, you will be provided with the name of a colleague to contact, if necessary. **Please be aware that my phone number does not accept text messages.**

Emergencies

I am not available 24 hours a day and typically cannot be reached immediately by phone. Should you have an emergency, you can do the following: please contact or go to the nearest hospital emergency room, or contact the DuPage County Crisis Center (630.627.1700). For emergencies in Kane county, residents may call the Ecker Center (847.888.2211).

No Court Testimony

If you ever become involved in a divorce or custody dispute, or any other legal matter, I will not provide evaluations or expert testimony in court. Your signature indicates your agreement with this provision.

Consultation

In an effort to be provide you the best care, I may occasionally seek consultation with another qualified professional in the mental health field. In these situations, your confidentiality is maintained and names and other identifying information will NOT be used without your consent.

CONFIDENTIALITY

I cannot confirm or deny a patient's participation in therapy without their written consent. My policies about confidentiality, as well as other information about your privacy rights, are fully described in the Notice of Privacy Practices. There are a few exceptions in which the law requires that confidentiality is waived. If a patient informs me that there is any possibility of harm to self or others, including, but not limited to physical or sexual abuse, neglect, and suicidal or homicidal behavior, the law requires that I make a formal report regarding the situation. If the need to make a report arises, I will make every effort to involve you in the process and do so with your participation.

Also, patients need to be aware that most insurance companies require me to provide them with a clinical diagnosis. In addition, I may be required to share case notes, treatment plans or treatment summaries in order for your insurance company to process the claim. Whenever possible, I limit the information and provide the least amount of information required for the insurance company to process the claim. If your insurance company requests additional information from me, I will discuss this

with you. If you agree to release the information to your insurance company, I will have you sign a consent to release information.

CONSENT TO THERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date _____

Description of Personal Representative's Authority: _____