



Informed Consent To Adult Psychotherapy (ages 18+)

This form documents that I, _____, (the client) give my consent to Deanna Walsh-Bender, M.S.Ed., L.M.S.W. (herein DWB/CAPES) to provide therapeutic/educational treatment to me.

While the client can expect benefits from this treatment, he/she fully understands that no particular outcome can be guaranteed. The client understands that he/she is free to discontinue treatment at any time but that it would be best to discuss with DWB/CAPES any plans to end therapy before doing so.

The client has fully discussed with DWB/CAPES what is involved in psychotherapy and understands and has agreed to the policies regarding scheduling, fees and missed appointments. The discussion about therapy has included DWB/CAPES evaluation and diagnostic formulation of the client's problems, the method of treatment, goals and length of treatment, and information about record keeping. The client has been informed about, and understands, the extent of treatment, its foreseeable benefits and risks, and possible alternative methods of treatment. The client understands that therapy can sometimes cause upsetting feelings to emerge, and that the client's problems may worsen temporarily before improving.

The client understands that DWB/CAPES cannot provide emergency services and acknowledges that if an emergency arises and DWB/CAPES is unavailable, that he/she must call 911 or go to the nearest emergency room for immediate intervention.

The client has received a HIPAA Notice of Privacy Practices from DWB/CAPES. The client understands that information about psychotherapy is almost always kept confidential by DWB/CAPES and is not revealed to others (besides the client) unless the client authorizes such release. There are a few exceptions as noted in the HIPAA Notice of Privacy Practices. Details about those exceptions follow:

1. DWB/CAPES is required by law to report suspected child abuse or neglect to the proper authorities. She is also mandated to report to the authorities clients who are at imminent risk of harming themselves, or others, for the purpose of those authorities checking to see whether said parties are owners of firearms, and if they are, or apply to be, then limiting and possibly removing their ability to possess them.
2. If the client tells DWB/CAPES that he/she intends to harm another person, DWB/CAPES must try to protect the endangered person, including by telling the police, the person, and other health care providers. Similarly, if a client threatens to harm him/herself, or a client's life or health is in any immediate danger, she will try to protect the client, including, as necessary, by telling the police and other health care providers who may be able to assist in protecting the client.
3. If a client is involved in certain court proceedings DWB/CAPES may be required by law to reveal information about the client's treatment. These situations include child custody disputes, cases where a client's psychological condition is an issue, lawsuits or formal complaints against the therapist, civil commitment hearings, and court-ordered treatment.
4. DWB/CAPES may consult with other healthcare professionals about the client's treatment, but in doing so will not reveal the client's name or other information that would identify the client unless specific consent to do so is obtained from said client. Further, when DWB/CAPES is away or unavailable, another psychotherapist might answer calls and so will need to have access to information about the client's treatment.
5. If an account becomes overdue and responsible parties do not work out a payment plan, DWB/CAPES will have to reveal a limited amount of information about a client's treatment so as to take legal measures to be paid. This would include the client's name, address, dates and type of treatment, and the outstanding amount due.

In all of the situations described above, DWB/CAPES will try to discuss the situation with the client before any confidential information is revealed, and will reveal only the least amount of information necessary.

The client agrees that in the event of legality pertaining to his/her children, that the client and his/her attorney will not require DWB/CAPES to testify about custody or visitation matters because to do so might hurt the client's treatment. DWB/CAPES' role is a therapeutic and not forensic evaluative one. Other forensic professionals would be better able, and more appropriate to, conduct any necessary evaluations. Because of these limitations, DWB/CAPES will not be able to give any opinion regarding custody, visitation or any other legal issues. If such a proceeding does occur, the client agrees that DWB/CAPES' role will be limited to providing written information regarding, and/or the record of, the client's treatment dates, attendance, duration, and prognosis. DWB/CAPES will provide such documentation either as required by law, or upon the authorization of the client and will disperse said documentation only to a mental health professional appointed to perform forensic evaluations, to attorneys, to law guardians (if involved), and to the judge involved in the legal proceeding.

As the client consenting to therapy, I hereby agree that:

-  I will not end treatment without discussing termination with DWB/CAPES
-  I will cooperate with DWB/CAPES collaboratively developed treatment plan and understand that without mutual cooperation, she may not be able to act in the client's best interest and therefore, may have to end treatment.
-  As the client, I have, and shall continue to have, the right to information about treatment records.
-  I am fully financially responsible for treatment.
-  I have a right to ask DWB/CAPES about her training and qualifications, as well as where to file complaints about her professional conduct as noted in the Notice of Privacy Practices.

By signing below, the client is indicating that he/she has read and understood this agreement and that he/she gives consent to DWB/CAPES to treat the client.

X

Signature of client

X

Printed name of client

Date

Signature of Service Provider