

# Vitalis Counseling, LLC

## INFORMED CONSENT FOR THERAPY SERVICES

Thank you for selecting me to partner with you in meeting your counseling needs. I am honored to serve you and walk alongside you in this process, and I will do everything I can to assist you in working toward your goals and provide you the highest quality of service. Please read the following information. You will be asked to verify that you have reviewed the information and agree to it by filling in the checkbox at the end of the document. It is important that you have all your questions about this document answered. In our first session, I will ask what questions you have and answer them.

### **My Qualifications**

I have a Masters in Counseling with an emphasis on clinical mental health. I am board certified as a National Certified Counselor and I am a board-certified in Telemental Health (telehealth). I am a Certified Clinical Trauma Professional, level 2, an Autism Spectrum Disorder Clinical Specialist, and an ADHD Certified Clinical Services Provider. I am a Licensed Clinical Professional Counselor in Kansas (license LCPC 03261) and a Licensed Professional Counselor in Missouri (license 2017023658).

### **Potential Risks and Benefits of Therapy**

Therapy does bring with it potential risks and benefits. Often times, things may feel worse before they begin to feel better. This happens because talking about painful issues puts our attention on them and may bring painful emotions to the surface. You may find that your mood is lower or that a particular issue is bothering you more than it had been for a day or two after a session, but typically you will find yourself feeling better after that. Change, even desired change, may involve discomfort until a new normal is established. Sometimes current relationships may be affected by the changes that you make to yourself. This is particularly true if your growth means you begin enforcing boundaries where people formerly may have imposed upon you. Although the American Psychological Association states “the average person who engages in psychotherapy is better off by the end of treatment than 80 percent of those who don’t receive treatment at all,” there is no guarantee that you will be part of the 80 percent who benefit. The benefits you may experience often vary according to the issue that you are working on and would usually include a decrease in symptoms or a lessening of the presenting concern. Notice that you have a role in the results you get. I can supply you with knowledge and helpful tools, but these are of little benefit if you do not put them to use.

Research has repeatedly shown that the biggest factor in the results you experience in therapy is the relationship you have with your therapist. It is extremely important that you not settle for just any therapist but find one you like and who you feel respects you. If you determine that I am not the right fit for you, please let me know this so I can provide referrals to other clinicians I believe would be a good match for you. Likewise, if I determine during our work that I am not the right fit for you, I will offer you referrals to some other therapists.

### **Level of Care**

Your care is my highest priority. Sometimes, there are limitations to what my clinical practice can provide. For example, I do not have the ability to answer or return phone calls 24 hours per day. If I determine that I cannot provide the level of care or specialization that will best equip you to meet your goals, I will refer you to another clinician or agency that can serve you better. If you are frequently in crisis, I will talk with you about either adding additional supports to your care or referring you to care which can better meet your needs.

### **Freedom of Choice**

As a voluntary participant in therapy, you have the freedom to choose who you work with and the type of therapy you receive. You have the right to decline the recommended treatment. You have the right to ask your therapist for referrals to other therapists they believe would be a good match for you. You have the right to end therapy at any time.

### **CONFIDENTIALITY**

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. 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.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items (3) and (4).
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. 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.

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

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

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Signature

Date