INFORMED CONSENT FOR COUNSELING SERVICES

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Purpose of Counseling

Counseling is a collaborative process aimed at helping you understand yourself better, manage emotional and psychological challenges, and work toward personal goals. This document is intended to help you make an informed decision about engaging in counseling.

Nature and Course of Psychotherapy

Psychotherapy is a collaborative process that supports emotional healing, personal insight, and behavior change. As a counseling psychologist, I am committed to using **only evidence-based therapeutic approaches**—those that have been supported by rigorous scientific research and clinical outcomes. These may include cognitive-behavioral therapy (CBT), schema therapy, trauma-informed approaches, motivational interviewing, and mindfulness-based strategies, among others, depending on your needs.

While many clients experience positive change through therapy—such as reduced distress, improved relationships, and greater self-understanding—it is important to note that:

- Therapy is not a quick fix and may bring up difficult emotions or memories before things improve.
- Progress may be gradual, and at times may feel inconsistent or challenging.
- You are encouraged to ask questions about the techniques being used and discuss your experience of therapy throughout the process.

Your active participation and openness are important to make the most of the work we do together.

Confidentiality Policy

All information shared in session is **confidential** and will not be disclosed without your written consent, except under the following legally and ethically mandated conditions:

- If there is a risk of serious harm to yourself or others.
- If there is suspected abuse or neglect of a child, elder, or vulnerable adult.
- If required by court order or legal proceedings.

In the event that I seek supervision or peer consultation, identifying details will be anonymized to protect your privacy.

Communication Outside Sessions

You may contact me by email or text for **administrative matters only** (e.g., rescheduling, confirming appointments). I do **not** provide counseling or therapeutic support via phone, text, or email between sessions unless previously arranged in rare circumstances.

Please note that I may not be able to respond immediately. In case of an emergency, please contact local emergency services or a mental health crisis helpline.

Cancellation and Rescheduling Policy

Appointments are scheduled in advance and reserved exclusively for you.

- If you need to cancel or reschedule, please notify me **at least 12 hours in advance**.

Repeated missed or late-cancelled sessions may result in a review of the therapeutic arrangement.

Risks, Benefits, and Your Rights

You have the right to:

- Ask questions about any part of the process at any time.
- End therapy at your discretion.
- Refuse any suggested intervention or strategy.

- Request referrals for alternative services or practitioners.

You also acknowledge that:

- Therapy is not always linear and may involve emotional discomfort.
- Progress may take time and may fluctuate.
- You are responsible for your own decisions and actions outside of the session.

Consent

By signing below, you acknowledge that you:

- Have read and understood the information above.
- Have had the opportunity to ask questions and have them answered.
- Voluntarily agree to participate in counseling under the stated terms.

Client Name: _____

Signature: _____

Date: _____

Practitioner Name: _____

Signature: _____

Date: _____