

Informed Consent for Psychotherapy

FCM Counseling Patricia Benitez, LCSW lcswpbtx@gmail.com



General Information

The therapeutic relationship is unique in that it is a highly personal and, at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the check box at the end of this document.

About the Therapist

Patricia Benitez, LCSW (Licensed Clinical Social Worker) is a therapist who provides counseling to all and specializes in counseling related to adoption. This includes all members of the adoption constellation. I also assist those who have learned of an unexpected genetic connection. I am an adoption competent therapist and use EMDR and other therapeutic modalities to treat trauma related symptoms that is impacting your current functioning.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstances will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

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 are itemized¹ 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
- 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.

Cancellation Policy

I am very aware that life is complicated and can often get in the way of our best intentions to access support. Out of respect for my time, please provide 24 hours (one day) advance notice of cancellation. If it is possible, I will try to find another time to reschedule our appointment, but please know that my ability to do this is limited. One grace experience will be allowed and then you will be billed for any scheduled appointments that are missed.

Crisis Policy & Procedure

Please note that I am **not** available for emergency services outside of scheduled appointment times. For acute emergencies in which you need to talk to someone right away, please access 24-hour psychiatric services by dialing 988 (the National Suicide Prevention Hotline), going to the nearest emergency room, or calling 911.

Termination

Therapy may be terminated by you at any time. It is generally more constructive and useful when at least one week's notice (or more) is given, so that a final session can be scheduled to explore the reasons for ending and to summarize our treatment together, as well as to provide referrals to any other appropriate services. I am unable to hold an appointment time for more than two weeks without prior agreement and communication between therapist and client. If I do not hear from you for three weeks or more, I may close your file and cannot guarantee that I will have openings should you decide to re-engage. By signing this form, I certify that I have read, understood, and agree to the items contained in this document.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____