**Informed Consent Form**

The purpose of meeting with a therapist is to get help with problems or processes that are bothering you or interfering/hindering you with being successful in important areas of life. You may have asked to meet with and talk to a therapist or this could have occurred because your family, teachers, doctor or someone else has concerns about you. The process of therapy involves getting to know your perspective on these difficulties or predicaments in your life, developing an understanding of the nature of the difficulties, and generating better ways to cope with or manage those difficulties. Sometimes the predicament will disappear altogether, but other times learning to manage or cope with difficulties is a good outcome.

At times these difficulties will include topics you do not want others to know about. For most people, knowing that what they say will be kept private helps with disclosing thoughts, feelings, and perceptions and to have more trust in their therapist. As an adult you are entitled to certain privacies called confidentiality, which is a critical part of effective psychotherapy.

As a general rule, information you share in therapy sessions is confidential, unless you give consent to disclose certain information. However, there are exceptions to this rule that are important to understand prior to starting with the therapy process. In some situations it is required by law or professional guidelines that information discussed in therapy has to be disclosed. Some of those situations are described below. Most involve your protection and the protection of others from the potential to be hurt or harmed.

1. If you report having a plan to harm yourself, based on the evaluation of that plan, confidentiality can be broken in order to protect you from harming yourself.

2. If you report having a plan to harm someone else, based on the evaluation of that plan, confidentiality can be broken in order to protect the person you intend to harm.

3. If you are involved in activities that could cause harm to yourself or someone else, even if you do not intend to harm yourself or someone else, based on the evaluation of that behavior, confidentiality can be broken.

4. If you report that you are being abused - physically, emotionally or sexually – or that you have been abused in the past, the law requires that this be reported to the proper authorities.

6. If you agree that information can be shared with a specific person or entity, then we will discuss the limits of what will be shared, and how that information will be shared.

Except for situations as described above information you disclose in therapy will never be discussed with others. This includes activities and behavior that others may not approve of or be upset by, but that do not put you or others at risk for immediate harm. It may be important to let your loved ones know some information that is protected by confidentiality and you may be encouraged to share that information. Part of the therapist’s job is to discuss this with you and to decide together the best way to communicate the information.

**Physicians/Doctor’s Offices**

Your medical doctor may have been involved in referring you for therapy, may have prescribed medication for you, or may be considering prescribing medication. Thus, it may be important to coordinate with your doctor or doctor’s office regarding your progress or status, especially when medication is involved or there are other health issues.

Again, your permission will be required for such a consultation to occur and it will be important to discuss in therapy what information will be disclosed, especially since some information can be disclosed to a doctor that is not disclosed to others. The only time information can be shared with your medical doctor without your permission is if you are engaged in harmful or risky behavior that creates a concern about safety.

Below, you are asked to sign this form and you can be given a copy of this if you would like.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_