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# **Informed Consent for Psychotherapy and Counseling**

## **My Responsibilities to You as Your Therapist**

### **I. Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

**SESSIONS OUTSIDE OF THE OFFICE:** Given the comfort level and therapeutic goals of the client, sessions may occur outside the office (i.e. in the home, outdoors, during a walk, and/or in a public setting). When sessions are outside of the office, there is a risk of confidentiality being broken should the client be seen in public by someone they know and/or conversation is overheard. Sessions will not be held outside of the office without the client's full consent. By consenting to meeting outside the office, the client consents to this potential risk. Should I suggest that a session be conducted outside of the office, this comes from my belief that the potential benefits outweigh the possible risks, however I cannot be held responsible or liable for every potential risk. Generally, sessions outside of the office will require no extra travel time. Should it be deemed beneficial by both parties to meet at a location that is further than 5 minutes from my office, travel time will be included in the session or will be an additional pro-rated fee.

## II. Record-keeping

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed.

## III. Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you.

## IV. Other Rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

## V. Fees

Individual therapy is \$130.00 per 60-minute session. Assessment and Evaluation is \$175.00 including report writing. You will be asked to pay for each session at the time of the session. Payment can be by check, cash, or major credit card. A statement of the month's sessions will be furnished to you on the first of each month for the previous month's sessions and payments upon request. You can use the statement for tax purposes or for reimbursement. In some situations, you or your attorney may ask me to testify in court on your behalf. Court appearances are \$100 dollars per hour including travel time.

## Your Responsibilities as a Therapy Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions typically last for 60 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four (24) hours notice, you will be charged for that session, unless I can reschedule with you within the same calendar week.

## Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand the fee per session and my rights and responsibilities as a client, and my therapist's responsibilities to me. I know I can end therapy at any time I wish.

Signed: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_