

## **West County Psychological Associates**

### **Informed Consent for Therapy Services**

**Welcome to our practice.** This document contains important information about our professional services and business policies. Please read it carefully. When you sign this document, it will represent an agreement with West County Psychological Associates (WCPA).

#### **Therapy Services**

Therapy is a collaborative process between you and a professional therapist to work on areas of dissatisfaction in your life and assist you in creating change. For therapy to be most effective, it is important that you take an active role in the process. Therapy is not an identical process for everyone. There are many different methods your therapist may use to address the problems that you identify together. The type and extent of services that you receive will be determined following an initial assessment and through ongoing discussion between you and your therapist. If you have any questions about therapy procedures, you are always free to discuss them with your therapist.

#### **Benefits and Risks**

Therapy has benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, or anger. Each person's experience and outcomes are unique to their own circumstances.

#### **Fees for Additional Services**

If you request that your therapist provide non-therapy services, such as attending meetings with school officials or other professionals, charges for those services will normally be higher than the usual rate for in-office therapy services.

If you become involved in legal proceedings that require your therapist's participation, you will be expected to pay for their professional time even if they are called to testify by another party. Because of the difficulty of legal involvement, charges for such services are higher than those for regular therapy services. These services include but may not be limited to responding to subpoenas, document preparation, depositions, meetings with other attorneys and court testimony.

Therapists, at their discretion, may charge for excessive time spent on phone calls between therapy sessions. This includes calls you make to your therapist as well as calls the therapist makes to others at your request, such as to your child's school or to your attorney.

## **Contacts and Emergencies**

You may contact your therapist through the WCPA office phone number, (314) 275-8599. In case of an emergency, please call 911 or go to your nearest emergency room. Your therapist is not on-call at all times, and may be unreachable. You may leave an emergency message on his or her office voicemail, and your therapist will return your emergency call when they are able.

## **Confidentiality and Professional Records**

The privacy of all records and communications between a patient and a therapist is protected by law. In general, we can only release your information with your written permission. But there are a few exceptions:

- When a valid court order is issued for records and/or testimony on the part of the therapist, the therapist is bound by law to comply with such an order.
- When there is risk of imminent harm to you or to another person, the therapist is ethically bound to take necessary steps to prevent such harm. This notification may include notifying an intended target of violence, notifying the police, informing a family member about the situation, or seeking appropriate hospitalization.
- When there is suspicion that a child has been sexually, physically or mentally abused or neglected, the therapist is legally required to inform the proper authorities.
- Ethical therapists consult with professional colleagues about their cases, in order to provide clients the best possible services. If your therapist consults with a colleague, your therapist will not share your name or identifying information.

## **Minors**

While the law provides parents the right to examine a minor child's treatment records, parents are encouraged to speak to their child's therapist about the risks and benefits of exercising that right. Therapists at WCPA regularly include parents in the therapeutic process with their children. WCPA therapists will notify parents if they believe the minor client is at risk for harm. WCPA therapists do not see minors under age 18 for in-office therapy without parental consent.

In the case of separated or divorced parents, WCPA requires a copy of the legal parenting plan. Unless otherwise stated in the legal parenting plan, both parents must provide signed consent for their minor child to receive therapy services and both parents have the right to exchange information with the therapist about the minor child's therapy.

## **Electronic Transmissions**

WCPA cannot ensure the confidentiality of any form of communication through electronic media. You are advised that any text, email, or internet-enabled communication between you and your therapist involves greater risk to confidentiality than does traditional in-person communication. WCPA strongly discourages any electronic communication between clients and their therapists.

## **Termination**

At any time, you have the right to seek a second opinion with another qualified mental health professional. You also have the right to terminate therapy at any time. If you choose to do so, your therapist may offer to provide you with names of other professionals whose services you might prefer.

# Informed Consent for Therapy Services

## Consent to Treatment

I voluntarily consent to receive, and/or for my minor child(ren) to receive, mental health assessment, care, and treatment. I authorize my therapist through WCPA to provide such professional services. I understand and agree that I will participate in the planning of my treatment and that I may stop these services at any time. By signing below, I acknowledge that I have both read and understood the information in West County Psychological Associates' *Informed Consent for Therapy Services* document and agree to its terms. This consent ends when I notify my therapist that I am terminating therapy or one year following my last therapy session.

Name of Adult Client(s): \_\_\_\_\_

Signature of Adult Client(s):

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

*In the case of a minor client, the signature of a parent is required.*

*If parents are divorced or legally separated, the signatures of both parents are required unless otherwise stated in the legal parenting plan.*

Name /Age of Minor Client(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_