



CONSENT FOR COUNSELING / THERAPY

Welcome to counseling! It is important to me to co-create a counseling relationship that can help you make the changes you want and need to make your life and relationships more fulfilling. This information is provided to help you give your informed consent for counseling.

Counseling:

By its very nature counseling calls for change. If you don't change, you simply keep creating what you already have. When people come to counseling, some come because they are ready to improve some area of their life or relationship and want to work with a knowledgeable, trusted and more objective professional to explore the issues and options for change to create more of the life, marriage, or relationship they most want. Other people start counseling because something has happened in their life that has forced them to make changes in some way. They may want help finding their way through the challenges. Others need to grieve what was lost. Some want to re-evaluate their lives and look at alternative goals and directions. Some people come to counseling because they are dragged or pushed by someone else to do so. For whatever reason you come, I will offer you the best assistance that I can -- not in ways that make you dependent on therapy, but ways that will empower you to make the changes you want now and in the future. It is not giving you pat answers, although I may have information that is very useful for you. Counseling helps you find within you, the choices, behaviors, directions that have integrity for you and then explores steps and tools to help you achieve them. No therapist can do YOUR part of the work. If you are coming for marriage or relationship counseling, it is important for you to take responsibility for doing your own work, whether or not your partner does his or hers.

There can never be any guarantee in counseling for a specific result. I am committed to doing my part, but to be successful, you have to stretch into new behaviors. It will require conscious, consistent effort on your part, changing comfortable habits and patterns of protecting yourself. That is not always easy or comfortable or 'natural'. You may take 2 steps forward and one back. You may experience discomfort, anxiety, emotional pain, frustration, and embarrassment. You will need to make the commitment to persevere and continue taking steps to move forward.

I will sometimes give you activities to do in-between sessions and it is important that you make time to do them. If I think I am working harder on your goals or your marriage/relationship than you are, we will discuss it and look at possible ways to move forward. However, if it continues, we may end the counseling until you are ready or able to commit to doing the work.

I am committed to short term therapy, but the rate of progress depends on some factors beyond my control, including, but not limited to, your effort, other events that happen in your life, ability to attend regular sessions, etc.

Ending Therapy:

You are free to stop counseling at any time. If you or I believe that progress is not being made, either of us may talk about ending counseling and possible alternatives. I encourage you to let me know about your desire to end therapy (for any reason) so that we can summarize some of what has happened in your work with me, suggestions for the future and then look at possible resources and alternatives for you, whether that involves working on your own, or with a different professional, model of therapy, group, etc.

Confidentiality:

What you talk about in counseling is confidential and under normal circumstances will not be revealed to anyone without your written consent. See our **Notice of Privacy Practices** for more information. However, by state law, there are certain exceptions that you should be aware of:

- 1) If you threaten to harm or kill yourself or another person, I am legally and ethically required to take action to protect the safety of the threatened person. Possible actions could include informed the intended victim, arranging for your hospitalization, notifying family or support system or alerting law enforcement.
- 2) If I know or suspect abuse or neglect of a child, an elder person or a disabled person, I am required to report my concerns to the Department of Children & Families.
- 3) If I am ordered by a court order to testify or share records, I must do so. (This is different from a subpoena from an attorney requesting your records or information. I reply that I cannot comply without consent or order.)
- 4) If you name me in a lawsuit, the law states that I can, and sometimes am obligated to reveal information that would otherwise be confidential.

If you have read & understood this section, PLEASE INITIAL HERE _____/_____

I also expect YOU to keep confidential what your spouse, partner, or other person attending counseling with you reveals during

our sessions, unless you have their specific consent to share it. If you tell others what the person says in counseling without their clear permission, it becomes unsafe, and disrespects their boundaries. Continued sharing of information revealed in counseling by a partner without their consent can lead to termination of therapy.

Other Legal Proceedings:

Your work with me is not intended for use in any legal proceedings that you may be involved in with others, or with your spouse or partner. You agree through this consent to not subpoena Dawn Liphrott to testify against either party or to provide records in court actions (these include divorce and child custody proceedings).

Emergencies/Crisis/Availability:

When you have difficulty, try using tools and information you have learned. If you need immediate help in a crisis or emergency situation after hours, weekends or when you cannot reach me soon enough during regular work hours and feel in crisis contact:

- 911, OR
- Florida Hospital's Behavioral Health 24 hour crisis assessment and help- line: (407) 303-8533 or (800) 869-1616
- Lifeline of Central Florida 407-425-2624

The quickest way to reach me is usually through e-mail (dawn@relationshipjourney.com) Occasionally an e-mail does not come through, so if you do not hear from me within 1-2 working days, please re-send. My office number is 407-740-7763. If I am returning calls during regular hours, it is usually between clients and therefore I need keep it short. I am happy to answer questions, but if you need to discuss something in depth, it is best to schedule an appointment or try e-mail. My e-mail is not encrypted. You need to take precautions to keep your own e-mail confidential. See **Notice of Privacy Practices** for further information.

If you have read & understood this section, PLEASE INITIAL HERE _____ / _____

Appointments and Cancellations:

Appointment times begin at 9am Monday through Thursday. The last appointment begins at 5pm Monday through Thursday. Most appointments are 55 minutes unless previously scheduled for a longer period. If you are more than 15 minutes late, the session will be cancelled. If you are late, the session will not be extended and will end as scheduled.

When you make an appointment, you are reserving the therapist's time, which means no one else is scheduled in that time period. Sometimes people are waiting for an available appointment time. Therefore, **unless you have a valid emergency or illness, you need to cancel at least 12 hours in advance. Otherwise, you will be billed \$75 for the session. (Occasionally, work situations require last minute trips, emergency response, or other unforeseen events. Please inform me now if that is your situation.)** Sometimes a parent is called to pick up a sick child or other unavoidable situations arise. I expect you to notify me as soon as possible of these unforeseen circumstances. Missing your appointment without notification will result in your being billed the \$75.

If you have read & understood this section, PLEASE INITIAL HERE _____ / _____

Payment and Insurance:

Payment is due at the time of your session and can be paid with valid check, credit card or cash. I do not accept insurance. Most insurance requires that you qualify and be given a diagnosis of a mental disorder which will become part of your insurance record and may be shared by them with other national databases which can be accessed by other insurance companies. This may have negative effects in efforts to obtain disability, life or other health insurance, certain jobs, etc. in the future. I will give you a receipt if you wish to submit it to insurance on your own, but will only give you a diagnosis if you truly qualify and require it to get reimbursed.

Consent for Counseling:

I have read, understood, and agree to the terms of this consent. (If you have any questions, please ask before you sign). By signing, I voluntarily agree to participate in counseling.

If you are coming to me for any type of relationship counseling, the signatures of both participants are required.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please sign and return the forms to your counselor at your 2nd meeting. A copy will be provided for your records.