

INFORMED CONSENT FOR THERAPY

I, _____, authorize and request that Teri Tingey M.S., LMFT provide consultation, psychosocial assessment and/or treatment services. The frequency, purpose, and type of treatment will be discussed and decided between Teri Tingey, me, and my managed care company (if applicable), and will be subject to my verbal agreement. I understand that treatment is a collaborative effort and utilizes a combination of several different therapeutic approaches, including cognitive behavioral therapy, emotionally focused therapy, mindfulness therapeutic strategies, psychodynamic therapy, and interpersonal therapy. I understand that I may ask at anytime how these approaches aim to reduce troublesome symptoms and assist to resolve concerns. I understand that I have the right to be discharged from therapeutic services at any time. I also understand that sometimes managed care companies will only pay for brief treatment, which might not be sufficient to meet my needs and that my managed care company may determine not to pay for further services. In such a situation, I may have to decide whether to continue treatment and take responsibility for my own treatment costs.

I understand that there is an expectation that I will benefit from psychotherapy, but there is no guarantee that this will occur. I also understand that maximum benefit will occur with consistent attendance and that at times I may feel conflicted about my therapy, as the process can sometimes be uncomfortable as intense feeling states and emotions are addressed.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. This is done to protect your right to privacy and confidentiality. However, if you acknowledge me first, I will respond.

All information disclosed within sessions is **confidential** and may not be revealed to anyone without written permission **except where disclosure is permitted or required by law**.

Disclosure may be required in the following circumstances:

1. If a client threatens or attempts to commit suicide or where 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. Where there is reasonable suspicion of abuse to a dependent or elder adult.
5. Suspected neglect of children under the age of 18, neglect of dependent or elder abuse.
6. When there is a subpoena or court order for me to release information or testify in court.
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.
8. Unforeseen natural disasters (such as major earthquake, tsunami, etc.) that as a result of destruction, exposes records.

I have read, understand, and have received a copy of this Consent for Treatment form.

Client Signature: _____ Date: _____

Parent/Spouse/SignificantOther _____ Date: _____

Witness: _____ Date: _____