

Mind At Peace

Mental Wellness Counseling

Informed Consent

Welcome to my practice. This document contains important information about my professional services. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

COUNSELING SERVICES

Mental health counseling presents benefits and risks. My services are based on a collaborative approach for helping you reach your goals and achieve your objectives for emotional wellness. Your full engagement in treatment is important in helping achieve your goals, which may include reduced distress, effective management of your symptoms, enhanced relationships, and generally, emotional wellness.

Engaging in mental health counseling and therapy also presents possible risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness.

CLIENT'S RIGHTS

- ❖ You enter treatment voluntarily and are free to terminate treatment at any time, for any reason.
- ❖ The privacy of all communications between a client and a mental health counselor is protected by law. Release of information about our work to others can only be carried out with the client's written permission, but there are a few exceptions:
 - In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order.
 - There are some situations in which counselors are obligated to take action to protect others from harm, even if this implies revealing some information about a client's treatment. For example, if I believe that a child, elderly person or disabled person is being abused or has been abused, I must make a report to the appropriate state agency.
 - If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

- If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help.
- I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have.

I have read and agree to the terms stipulated in 'Fees and Payment.'

I have read this document and understand the risks and benefits of the services provided by Mind at Peace. I hereby give my informed consent to enter into counseling for my mental/emotional health care.

Patient name (please print)

Patient signature

Date