R.A.N Counseling
70 Woodfin Pl Suite 02
Asheville, North Carolina
28801
(828) 552-5260
rose@rancounseling.com

Informed Consent for Psychotherapy

About psychotherapy services

Psychotherapy is a working cooperative relationship between you and your therapist. Each member of this cooperative relationship has certain responsibilities. Your therapist will contribute their knowledge, expertise, and clinical skills. You, as the client, have the responsibility to bring an attitude of collaboration and a commitment to the therapeutic process. While there are no guarantees regarding the outcome of the treatment, your commitment may increase the likelihood of a satisfactory experience.

Use of Evidence-Based Approaches
Your therapist utilizes an integrative approach to treatment using **evidence-based practices**, which are therapeutic methods that have been researched and shown to be effective. These may include, but are not limited to:

- Cognitive Behavioral Therapy (CBT)
- Person-Centered Therapy
- Dialectical Behavioral Therapy (DBT)
- Trauma-informed approaches

As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.
Please note that psychotherapy is not an emergency service. If you are experiencing suicidal or homicidal thoughts, are in crisis, or need immediate help, please call 911 or go to the nearest emergency department.

Benefits and risks of psychotherapy

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems.

Note that there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to be willing to reflect and work on things we discuss outside of sessions.

The first few sessions

The first few sessions typically involve an evaluation of your needs. During this process, I will be able to offer some initial impressions of what our work might include. We will discuss your treatment goals and create an initial treat-

ment plan together. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to provide a referral to another mental health professional.

Appointments and cancellations

Appointments are typically held at a cadence we agree on. Payments for each appointment can be made by debit or credit card or ACH transfer.
If you need to cancel an appointment, you won't be charged as long as I receive notice at least 48 hours in advance. For appointment no-shows, reschedules, or cancellations made within 48 hours of the appointment, you will be charged a $100 fee.

Professional Records

I am required to keep appropriate records of the psychological services that I provide. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I may recommend a discharge or treatment summary be sent, which may include treatment start and end dates, diagnosis, and goals and progress in treatment. Otherwise, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality

Communication between you and myself is confidential. This means that I will not discuss your case orally or in writing without your expressed written permission.

I have an ethical and legal obligation to break confidentiality under the following circumstances:

1. If there is a reason to believe there is an occurrence of child, elder, or dependent adult abuse or neglect.
2. If there is reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
3. If you disclose that you knowingly develop, duplicate, print, download, stream, or access through any electronic or digital media or exchanges, a film, photograph, video in which a child is engaged in an act of obscene sexual conduct.
4. If you introduce your emotional condition into a legal proceeding.
5. If there is a court order for release of your records.

Emergency Procedures

I understand that R.A.N. Counseling does not provide crisis or 24-hour emergency services. I understand that if I have a mental health emergency, I should immediately contact a crisis hotline (988), dial 911, or go to the nearest emergency room. A list of mobile crisis services and emergency rooms has been provided to you in the intake paperwork.

I agree to use the designated emergency contact procedures and understand that attempting to contact my provider during a crisis is not the appropriate course of action.

Additional Rights and Responsibilities

In addition to your right to confidentiality, you have the right to end your counseling at any time, for whatever reason and without any obligation, with the exception of payment of fees for services already provided. You have the right to question any aspect of your treatment with me.

1. You also have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you.
2. If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist.
3. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, or national origin.
4. You have the right to ask questions about any aspects of therapy and about my specific training and experience.
5. In circumstances that lead me to conclude that your counseling needs would be better served at another counseling facility, I will suggest an appropriate counselor(s) or counseling agency.
6. Your signature below indicates that you have read and understand this information and have received a copy of this consent form and give permission to us to provide counseling services and that this contract is binding for all future sessions you may have with this entity.

Consent to Treat

ELECTRONIC COMMUNICATION and TELEHEALTH CONSENT: I give the provider permission to contact me via email or phone. I agree to receive automated text and email message reminders of appointments at the phone number on my intake form. I cannot ensure the confidentiality of any form of communication through electronic media.

I hereby give my consent as a client to receive behavioral health services, including, without limitation, counseling, psychotherapy, and/or psychological assessment from R.A.N. Counseling.

I understand that confidentiality is an important aspect of the delivery of behavioral health services, and that R.A.N. Counseling is bound by law and ethics to safeguard such patient-provider communications. I also understand that, although the law may allow me the right to examine treatment records, a provider, in their reasonable professional discretion, may elect not to share certain information with me, but only as permitted or required by applicable federal and state privacy laws.

I have discussed and understand the following:

- _CLINIC-NAME_'s treatment approach.
- _CLINIC-NAME_'s fee policies (see accompanying Policies form).
- _CLINIC-NAME_'s privacy policy and limits of confidentiality (see accompanying Policies form).
- _CLINIC-NAME_'s use of electronic forms of communication (see accompanying Policies form).
- The qualifications of the clinician with whom I am meeting.

I accept _CLINIC-NAME_'s policies and I give informed consent to receive services with clinicians at _CLINIC-NAME_. I understand that I may ask questions at any time about the treatment plan, therapeutic procedures, possible risks and anticipated outcomes. I also understand that I am free to discontinue treatment for any reason at any time.

☐ Agreement & Signature

Date (YYYY-MM-DD)