



The Center for Courageous Living LLC

Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. Your therapist cannot promise that your behavior or circumstance will change. Your therapist can promise to support you and do their very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a way there is a substantial risk of incurring serious bodily harm to self or to others.
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. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
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.



Provisionally Licensed Therapists Agreement:

Please be advised that if you are seeing a provisionally licensed therapist at the practice, the therapist has graduated with a master’s level degree, has earned a License to practice therapy in the state of IL to practice in their field of expertise, completed at least 300 direct clinical hours in the field as well as are provided supervision by a fully clinically licensed staff member at the practice. Provisionally licensed therapists can offer all of the same services in their field of training as a fully clinically licensed therapist as long as they are receiving supervision. Once fully clinically licensed, supervision will cease however continued consultation as a staff will be provided. If you have questions or concerns, please notify practice owner, Katie Kroening, LCSW; CADC

Consultation: Occasionally your therapist may consult with other professionals in their areas of expertise to provide the best treatment for you. This may include consultation with staff within The Center for Courageous Living LLC, consultation with a supervisor outside of the practice or expert outside the practice. Only pertinent clinical information will be shared regarding helping clients achieve healing.

Please be aware that administrative staff may have access at times to your protected health information for the purpose of completing administrative services on your behalf.

If we see each other accidentally outside of the therapy office, your therapist will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and we do not wish to jeopardize your privacy. However, if you acknowledge your therapist first, we will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature: _____ Date: _____
(Patient, Parent or Guardian)

Witness: _____ Date: _____