

## Informed Consent Form

rev 12/06

Daniel Gowan  
Private Counseling

Date: \_\_\_\_\_  
Name: \_\_\_\_\_

This document contains important information about my services and business policies. Please read it carefully and note any questions you might have so that we may discuss them. Once you sign this form, it will constitute an agreement between us.

**What is therapy and how does it work?** Therapy is the process of solving emotional problems by talking with a person professionally trained to help you achieve a more fulfilling individual life, marital relationship, or family relationships. The process of change will, in many ways, be unique to your situation. Who you are as a person will help to determine how you go about changing your life. The process of change begins by first defining the problem, discussing your thoughts and feelings, understanding the origins of the problem and developing new skills and healthy attitudes about yourself and others. The most important factor in the success of therapy is good communication between therapist and client. Often talking about your difficulties may exacerbate your symptoms, and cause you emotional pain, however, over time you should see an improvement.

At the end of the evaluation period (usually one to three sessions), we will discuss what the therapy should involve, should you decide to continue. Therapy generally involves a large commitment of time, money, and energy so it is important to be clear about the goals we set together for your therapy. Goals may shift over time but it is important to keep them in the forefront of therapy as we work together. We will usually schedule one 50-minute session per week at a mutually agreed upon time (under some special circumstances sessions may be longer or more frequent). This appointment will be reserved for you on a regular basis and is considered a standing appointment (i.e. if you miss one week you will still have the same appointment next week).

**Confidentiality:** By law and professional ethics, your sessions are strictly confidential. Generally, no information will be shared with anyone without your written permission. If you are seeing another therapist or health professional it may be necessary for me to contact that person so that we can coordinate our efforts. If this is necessary I will ask for your permission. There are however, a number of exceptions to this confidentiality policy.

- If I am ordered by the court to testify or release records.
- If you are a victim or perpetrator of child abuse I am required by law to report this to the authorities responsible for investigating child abuse.
- If you are a victim or perpetrator of elder or dependent adult abuse I am required by law to report this to the appropriate authorities.
- If you threaten harm to yourself, someone else or the property of others, I may be required to call the police and/or warn the potential victim, or take other reasonable steps to prevent the threatened harm.
- If action is required to collect fees then confidentiality may be breached through collection procedures.

**Fees:** My fee is \$110.00 for a fifty-minute session. You are expected to pay for the counseling at each session. If at any time you have financial concerns do not hesitate to discuss them with me. In most cases, financial concerns can be resolved.

**Cancellations:** You will be charged for all missed appointments at 100% of your normal rate when you do not provide 24 hour notice.

**After Hours Emergencies:** Leave a message on my answering machine and I will call you back as soon as I retrieve the message. If you need immediate assistance call 911 or your primary care physician.

**Terminating Treatment:** You have the right to terminate or take a break from your treatment at any time without my permission or agreement. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in a counseling session so that we can bring sufficient closure to our work together. In our final session we can discuss your progress thus far and explore ways in which you can continue to utilize the skills and knowledge that you have gained through your therapy. We can also discuss any referrals that you may require at that time.

Please sign this form and keep a copy for yourself for future reference. Should you have any questions at any time, please ask.

**I/we have read, understand and agree to the information and policies described in this client information form.**

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date