



POSITIVE FRAME OF MIND
COUNSELING PLLC

PFOMC Informed Consent for Psychotherapy--K. Finn

General Information

The therapeutic relationship is unique in that it's highly personal and at the same, 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 signing 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, 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. I can not promise that your behavior or circumstance will change. I can promise to support you and do my 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 exists and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts himself/herself in a manner which 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 a therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, sexual abuse of children under the ages of 18 years.
4. Suspicions as stated above in the case of an elderly or disabled person who may be subjected to these abuses.

5. Suspected neglect of the parties named in #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.
8. The client is a non-emancipated minor--in which case the parents or guardians have the right to access the client's records.

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

Consent for Treatment

I certify that I have read this agreement and understand the office policies and give my consent for Kenda Finn, M. Ed., LPC to provide me with counseling services. Individual sessions are either 45 to 60 minutes in length. The process of treatment involves allowances for change, which often begins with identifying issues, then processing through thoughts & feelings, development of new skills & allowance for positive attitudes for self and others. A variety of techniques will be used from a multitude of theoretical origins dependent on your needs: cognitive behavioral, relaxation/imagery, gestalt etc. Referrals for medical evaluation or psychological testing may be made to assist us in the best treatment possible. It is your right to know your diagnosis & treatment plan, which will be made available after the second session. If I wish to file a complaint against my licensed professional counselor supervisor, I may write to complaints management & investigative action--PO Box 141369 Austin, TX 78714-1369.

About the Therapist

Kenda Finn is a licensed professional counselor licensed by the Texas State Board of Professional Counselors. Kenda utilizes various treatment modalities including cognitive behavioral therapy. Kenda does not practice outside of her scope of practice and will refer to other mental healthcare professionals as needed.

I have reviewed the above informed consent and agree to the above document by signature.

Client's Name & Date --PLEASE PRINT
