



Families First Counseling Services
Jeffrey N. Rose Ed.S., LMFT

GENERAL INFORMATION AND CONSENT

For best results and your own welfare, it is important that you understand what it means to be in psychotherapy. Please read the brief description below. If you have any questions or concerns, you are urged to talk about them. If you understand it and you chose to be in psychotherapy as described here, initial each point and sign and date this form. Your signature represents an agreement between us.

1. Psychotherapy is a special kind of health care service. The goals of psychotherapy are to help you better understand yourself and others, to help you solve problems that may be limiting your life satisfaction, and to help you better cope with the feelings and challenges that you encounter in your daily life.

I understand: yes no: I understand: yes no

2. The most common form of psychotherapy involves your talking about your feelings, your problems or concerns, and your experience of yourself and your situation. Other common methods involve using your imagination, keeping personal records of your experiences, and trying new or different ways of thinking, acting, or feeling. These methods may be used within treatment sessions or you may be asked to do them at home.

I understand: yes no: I understand: yes no

3. To better understand you, many psychotherapists use a variety of tests or measures of your current abilities and styles of experiencing. These measures are important in choosing the treatment methods best suited to you, and they are also helpful in estimating your progress.

I understand: yes no: I understand: yes no

4. The length of psychotherapy often depends upon your individual needs and the rate of your progress. Many therapists use periodic reviews as a means of evaluating your needs, progress, and satisfaction.

I understand: yes no: I understand: yes no

5. Most people benefit from psychotherapy. The most common benefits include improvements in self-awareness, self-esteem, self-confidence, hope, feeling understood, relationships with other people, emotional expressiveness, and taking an active and responsible role in one's life. There are also some risks to being in psychotherapy. The most common risks are temporary periods of emotional distress related to changes in your life situation and your relationship with yourself and others (including your therapist). Psychological damage caused by psychotherapy is rare, but you should be aware that it could happen. The most common causes of such damage are poor communication or unethical conduct. If you feel that you are not making reasonable progress or that you are being harmed by your involvement in psychotherapy, you should discuss this with your therapist. If you feel that your therapist has attempted to violate you in any way -- financially, physically, sexually, or otherwise - you should so inform the state agency responsible for professional licensing.

I understand: yes no: I understand: yes no

6. You always have the right to choose whether or not to continue in psychotherapy. If you feel that you might work better with a different therapist, your present therapist should be able to offer you information on possible referrals. Local mental health agencies are listed in the phone book and they may also offer helpful information. The most common alternatives to psychotherapy are self-help and support groups, bibliotherapy (therapeutic reading), and different forms of religious counseling.

I understand: yes no: I understand: yes no

7. The information communicated in therapy must be kept confidential by your therapist unless you grant permission to release it. The only exceptions to this protection of your privacy are dictated by state laws.

Confidential information may be released WITHOUT your permission if:

- You threaten to harm yourself or someone else and your threat is believed to be serious, your therapist is ethically and in some instances legally obligated to take whatever action seems necessary to protect you or others from harm.
- There is suspected child abuse or neglect. Therapists are obligated by law to report this to the appropriate state agency. This law also applies if you report that you have reason to believe another person is abusing or neglecting a child.
- You are in court-ordered therapy you can assume that the court wishes to receive some type of report or evaluation
- You are involved in litigation of any kind and inform the court of the services you receive here (MAKING YOUR MENTAL HEALTH AN ISSUE BEFORE THE COURT), you may be waiving your right to keep your records confident
- You lodge a formal complaint against me or make me a party to a legal action.
- You use insurance to reimburse for fees (please see Release of information Form for Insurance Purposes).
- You do not pay your bill and billing information is forwarded to a collection agent.

I understand: ___yes ___no: I understand: ___yes ___no

8. I understand that my therapeutic relationship is with Jeffrey N. Rose, Ed.S. Although the location is at 1330 Richland Street and other independent therapists practice at this location, I agree to hold harmless any other service provider at this location.

I understand: ___yes ___no: I understand: ___yes ___no

9. I have seen and read the HIPPA Act of 1996 which discusses your rights with regards to medical records.

I understand: ___yes ___no: I understand: ___yes ___no

10. Termination of therapy may be initiated by client or therapist. Circumstances under which I may I terminate treatment with you are: (1) If I feel your needs would be better served by another professional or community resource. I will talk with you about an appropriate referral. (2) If you do not cooperate in the treatment plan we set together, multiple missed appointments, failure to follow through on a referral, arriving at appointment under the influence of drugs or alcohol or other extreme circumstances.

I understand: ___yes ___no: I understand: ___yes ___no

Your signature below indicates that you have read and understood the above description of psychotherapy. Your signature also indicates that you are now consenting to be in psychotherapy with the understanding that you retain the right to review and revise this decision at later points in time.

Signature of Client or Parent/Guardian

Date

Signature of Client or Parent/Guardian

Date