

Client Informed Consent and Confidentiality Form

COUNSELING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective coping strategies to build resilience in your life. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is depending on how well the client utilizes the counseling process. Your therapist is available to support you and will be very active in your treatment.

CONFIDENTIALITY:

All interactions with Resilience Counseling, LLC and your records are kept confidential. You may request in writing that your therapist release specific information about your counseling to persons you designate.

EXCEPTIONS TO CONFIDENTIALITY:

- If there is evidence of clear and imminent danger of harm to self and/or others, Resilience Counseling, LLC is legally required to report this information to the authorities responsible for ensuring safety.
- Missouri state law requires that therapists who learn of, or strongly suspect an abuse regarding a child or an elderly person must report this information to the Division of Family Services and other parties (if applicable). Your therapist is a mandated reporter.
- A court order, issued by a judge, may require the Resilience Counseling therapist to release information contained in records and/or require a therapist to testify in a court hearing.
 - By signing this consent form, client waives the right to subpoena a therapist's appearance or copies of records for purposes of custody claims. In the event that a Resilience Counseling staff is required to testify for any reason, the client agrees to pay fees of \$150 per hour to Resilience Counseling.
 - By signing this consent form, you also give permission for your therapist to communicate with you and send protected health information about you via phone, email, text.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

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 not to engage in any lengthy discussions in public or outside of the therapy office.

I have read and discussed the above information with my therapist. I understand the risks and benefits of counseling, the nature and limits of confidentiality.

Signature of Client *Date*

Signature of Therapist *Date*