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## **INFORMED CONSENT FOR COUNSELING**

### **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 the entire document and indicate that you agree to its contents by filling in the checkbox below.

### **The Therapeutic Process**

You have taken a very positive step by deciding to seek counseling. 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. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you, 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 do exist. Some of these are enumerated below. Others are contained in the ***HIPAA Notice of Privacy Practices***.

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in 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 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.

Occasionally I may need to consult with other counselors in order to provide the best treatment for you and to meet requirements for licensure supervision. Information about you may be shared in this context without using your name or other identifying details.

If we see each other accidentally outside of the counseling 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 office.

**I AGREE THAT CLICKING ON THE CHECKBOX BELOW CONSTITUTES MY LEGAL SIGNATURE AND THAT I HAVE BEEN PROVIDED A COPY OF THE *INFORMED CONSENT FOR COUNSELING*, AND THAT I AGREE TO ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN. IF I HAVE QUESTIONS, THE INFORMATION HAS BEEN EXPLAINED AND/OR SUMMARIZED FOR ME.**

Effective Date: 6/30/19

Next Review: 6/30/20

Approved: Jason M. Lynch, MS, LMHCA, ADS