



INFORMED CONSENT TO PARTICIPATE IN MENTAL HEALTH SERVICES

COUNSELING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. 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 not predictable. Your therapist is available to support you throughout the counseling process.

CONFIDENTIALITY:

All interactions, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your counseling to persons you designate.

EXCEPTIONS TO CONFIDENTIALITY:

- The counseling staff works as a team. Your therapist may consult with other counseling staff to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- If there is evidence suggesting physical, sexual, or emotional abuse and neglect of a child, a disabled individual, or the elderly, a therapist is mandated to report to the proper authorities to ensure safety.
- A court order, issued by a judge, may require therapist to release information contained in records and/or require a therapist to testify in a court hearing.

I consent to and authorize to receive mental health services that may include the following:

- **Individual Therapy**
- **Group Therapy**

Mental health services will be provided by Sonya Stamper, Licensed Clinical Social Worker #67056

I acknowledge that I have read this consent, understand its contents, have had the opportunity to discuss it, and have had any questions answered to my satisfaction. Acceptance of and participation in mental health services is voluntary; Individuals receiving mental health services have the right to request a change of provider, when available.

Signature of Client

Signature of Therapist

Date