

Informed Consent for Psychotherapy

Welcome to Collaborative Counseling & Psychiatry. Since this is your first visit, we hope what is written here can answer some of your questions as you seek services. Please let us know if you want clarification on any of the topics discussed in this Outpatient Services Contract and Consent for Treatment, or if you have any questions that are not addressed here. When you sign this document, you are stating that you understand and will adhere to the information in this ***Informed Consent for Treatment Contract***.

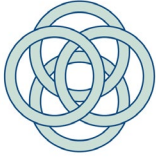
PSYCHOTHERAPY SERVICES

We provide psychotherapy services for children, adolescents, adults, couples, and families. The first appointment(s) serves as an intake appointment. We will want to hear about the difficulties that led to you making an appointment, goals for therapy, and general information about yourself and your current life situation. By the end of this first appointment, we will give you some initial recommendations on what we think will help. If we do not think we are able to best assist you, we will give you names of other professionals who we believe would work well with your issues. If you do not agree with our treatment recommendations or do not think our personality styles will be a good match for you, let us know and we will do our best to suggest a different therapist who may be a better fit.

If you and your therapist decide to work together in therapy, you will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are hoping to reduce in therapy. Sometimes more than one approach is helpful. Individual, couples and family therapy sessions last 45-60 minutes (depending on your insurance benefits) unless otherwise arranged. Oftentimes, sessions are set for once each week, but this varies based on what seems most appropriate for your particular situation.

Therapy can be extremely helpful and fulfilling, and it takes work both in and out of sessions to be most effective. It requires active involvement, honesty, and openness in order to change thoughts, emotional reactions and/or behaviors. There are benefits and risks to therapy. Potential benefits include increased healthy habits, improved communication, and stability in relationships, and lessening of distress. Some potential risks include increased uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Sometimes couples that come for therapy choose to end their relationships. Although there are many benefits to therapy, there is no guarantee of positive or intended results. If during your work together with your therapist, noncompliance with treatment recommendations becomes an issue, we will make effort to discuss this with you to determine the barriers to treatment compliance. At times, treatment noncompliance may necessitate termination of therapy service. We encourage you to discuss any concerns you have about our work together directly so that we can address it in a timely manner. Other factors that may result in termination of therapy include, but are not limited to, violence or threats toward us, or refusal to pay for services after a reasonable time and attempts to resolve the issue.

Deciding when therapy is complete is meant to be a mutual decision, and we will discuss how to know when therapy is nearing completion. Sometimes people begin to schedule less frequently to gradually end therapy. Others feel ready to end therapy without a phasing out period. We may at times seek consultation with other therapists to ensure we are helping you in the most effective manner. We will give information only



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to the extent necessary, and we make every effort to avoid revealing the identity of our clients. The consultant is also under a legal and ethical duty to keep the information confidential.

MEDICATION MANAGEMENT SERVICES

For some people psychiatric medications can play a beneficial role in mental health recovery. This process includes an initial evaluation of psychiatric symptoms and treatment goals, medical history, psychosocial stressors, lifestyle choices, substance use/dependence, and previous medication trials. The provider will also access the history of prescriptions that you have filled from other providers in order to ensure that drug interactions are monitored. By participating in medication management services, you are authorizing the provider to obtain external prescription information by any means, including electronically. If it seems that medications may be of assistance, the Physician or Nurse Practitioner will work with you to create a medication plan that optimizes benefit while minimizing potential adverse medication effects. As with any medication, those medications used for treatment of mental health symptoms carry both the possibility of great benefit and the risk of adverse effects. While your provider will review these risks and benefits with you, it is impossible to predict how any individual will react to a particular medication and it is always the patient's decision which, if any, medications they are interested in utilizing.

Limits of Confidentiality: Like all treatment records, reports and results of psychological testing are confidential and can be released only with a written consent authorizing such release. However, if the testing subject discloses information related to suspected threats of physical harm of self or others, occurrence of child, elder, or dependent adult abuse, or if commanded by court order, Collaborative Counseling and Psychiatry may be required to disclose such information to appropriate authorities or parties mandated by law.

Date: _____

Signature: _____
Signature of patient or responsible party if patient is a minor or
is otherwise unable to sign for themselves.

Printed Name of Patient or Responsible Party

Capacity of Responsible Party (e.g., parent, guardian, etc.)