

Informed Consent for Psychotherapy

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Please review this document in its entirety. It explains what therapy is and how it is done in my practice. If you have any questions about anything you read here, please bring it to my attention for discussion.

GENERAL INFORMATION

The therapeutic relationship is unique as it is both highly personal and a contractual business agreement. It is based on your willingness to disclose your most personal secrets to a veritable stranger. It is important for us to reach a clear understanding of how our relationship will work and what each of us can expect. This consent provides a clear framework for our work together. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

THE THERAPEUTIC PROCESS

Psychotherapy involves regular personal interaction or conversation to help a person change behavior and overcome problems in desired ways. It aims to improve well-being and mental health, resolve or mitigate troublesome behaviors, beliefs, compulsions, thoughts, or emotions, and improve relationships and social skills.

Possible Outcomes:

- Recalling or discussing unpleasant events, feelings, or thoughts may cause discomfort or strong emotions.
- Assumptions or perceptions may be challenged, leading to feelings of upset or being challenged.
- Resolving issues may result in unintended changes in personal or interpersonal relationships.
- Decisions about changing behaviors, employment, substance use, schooling, housing, or relationships may arise.
- Change can be slow and frustrating, with no “quick fixes.”

Therapy aims for a positive outcome, but there is no guarantee of specific results. You have the right to leave therapy at any time without needing a reason.

CONFIDENTIALITY

The session content and all relevant materials to your treatment will be held confidential unless you request in writing to have all, or portions of such content released to a specifically named person/persons. However, there are circumstances in which confidential information may be disclosed:

- **Mandated Reporting:** As a licensed therapist, I am a mandated reporter in Colorado. If I suspect abuse of a child under 18, an elder 65 or older, or a dependent and vulnerable adult, I am legally required to report it to the appropriate agency.
 - **Risk of Harm:** If you threaten or attempt suicide or conduct yourself in a manner risking serious bodily harm, I must make a good-faith effort to protect your life.
 - **Threats to Others:** If you make a serious threat of bodily harm or death to another person, I must protect the intended victim(s).
 - **Legal Orders:** If a court of law issues a legitimate order for information, I am obligated to comply.
 - **Professional Consultation:** I may share information with other professionals to provide the best treatment, without disclosing personally identifying information.
 - **Medical Emergencies:** In a medical emergency (e.g., if you pass out in my office and I call 911), I may provide the minimum necessary confidential information to responders.
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CONFIDENTIALITY WITH MINORS

Communications between therapists and minor patients (over 12 but under 18) are confidential. However, parents and guardians who authorize their child's treatment are often involved. I may discuss treatment progress with the parent or caretaker, using my professional judgment. Please discuss any questions or concerns with me.

SOCIAL MEDIA AND TELECOMMUNICATION

To protect your confidentiality and minimize dual relationships, I do not accept friend or contact requests from clients on personal social networking sites (Facebook, LinkedIn, etc.). You are welcome to engage on Aglow Counseling's business social media accounts by choice. Adding clients as friends or contacts can compromise confidentiality and privacy, and blur therapeutic boundaries.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of communications through electronic media, including email and text messages. If you prefer to communicate via email or text for scheduling or cancellations, I will do so, but do not use these methods for discussing therapeutic content or emergencies.

Telemedicine: Services via electronic means, including phone, internet, fax, and email, are considered telemedicine under Colorado law. If you choose telemedicine:

- You can withhold or withdraw consent at any time without affecting future care or benefits.
- Existing confidentiality protections apply equally.
- You have guaranteed access to medical information from telemedicine consultations.
- Identifiable images or information will not be shared without your consent.

Potential risks and benefits include improved communication, convenience, reduced costs, better access to therapy, and better continuity of care. Risks include the therapist's inability to make certain observations that might be relevant to your treatment.

TERMINATION

Ending relationships can be difficult, and a termination process helps achieve closure. Termination depends on the treatment's length and intensity. I may terminate treatment after discussion if psychotherapy is not effectively used or if you default on payment. I will not terminate without first discussing it with you. If therapy is terminated or you request another therapist, I will provide a list of qualified psychotherapists. Failure to schedule an appointment for three consecutive weeks, without prior arrangements, may result in discontinuation of the professional relationship for legal and ethical reasons.