

Informed Consent for Psychotherapy

Yes to these things...

Therapy is a dialogue. You share your feelings, thoughts, and experiences and I share my thoughts, theories and clinical experience. You are assured a space that is safe for you (privacy protected, free of judgement, always accepting) and your job is to be engaged, open and honest. The goal is to help you discover truths about yourself, your life and your feelings and to use that understanding to help you make the life you want.

Sessions should feel intriguing. You should have a sense that something new and interesting is happening. You want to find yourself getting curious about how you think, feel, believe and act and how parts of your life are related in ways you haven't considered before.

You want to experience insight. You will find yourself feeling clearer, saner, more hopeful, more decisive, more energetic, and your symptoms will begin to clear up. When you feel the things you've been trying not to feel, when you become aware of things you've avoided, you feel better and you function better.

You're the expert. I can tell you what's *likely* going on with you, what *seems* to be happening, but only you can say if I am right. Your reactions to our insights is what matters. Are you rediscovering your own voice, your own priorities, and the courage to act on them?

This may sting a little. You need to feel you can trust me as your therapist but I must warn you that therapy won't always be comfortable. If our work doesn't stir up at least a little discomfort, we probably aren't getting anywhere. If you feel we are going in the wrong direction or that you aren't getting what you need, always let me know.

Nah to these things...

You don't have to blame your mother. Although I believe in the importance of childhood experience, you do not have to dig up the past or lay blame on the people in your life. As we talk about the past, what matters is that you understand what you lived through, how you understood and tried to cope with it, and how it continues to impact your current life.

You do not give up your power to me. I can not and will not make you do anything you don't want to do. I won't make you talk about things you don't want to talk about. I won't make you feel things you aren't ready to feel. I won't even make you come back to therapy if you don't want to. By giving yourself to the process of therapy, you do not give up your right to self-determine. This is a partnership--I am a guide, you steer the ship.

You don't need any more advice. I do not want to tell you what to do about your life, your relationships, or your feelings. I do want to help you become more aware of what's happening to you, inside you and between you and others, so that you can know what's best for you. Your way doesn't have to look like anyone else's way--it is uniquely yours.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. I provide neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice.

CONTACT & EMERGENCY PROCEDURES: If you need to contact me between sessions (to reschedule or if the issue can not wait until our next session), please leave a message at 314.540.8593 and clearly state your name, number, issue and desired action/response. I make every effort to return calls promptly, as my schedule allows. You may also email me at kellystorck@gmail.com for non-emergency issues although email is not a secure means to transmit or receive communication and I do not address clinical issues via email (see E-mail section below). If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call 911 or **Behavioral Health Response at 314.469.6644 or 800.811.4760**. BHR provides confidential telephone counseling to people in mental health crises as well as mobile outreach services and community referrals. BHR's services are provided by paid professionals and are free of charge.

E MAILS, CELL PHONES, COMPUTERS: It is very important to be aware that computers and unencrypted e-mail, texts, and e-faxes communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and e-faxes that go through them. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. Please notify me if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phones

calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted e-mail, texts or e-fax or via phone messages, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of **\$185.00 per 45-50 minute session** at the end of each session unless other arrangements have been made. I **prefer checks and cash** but do accept credit and debit cards for your convenience. I do not charge for phone conversations or correspondence unless they exceed 5 minutes time in a day or become excessive in frequency. Fees for such contact outside of sessions will be calculated according to full session fees. Preparation of special forms or reports such as therapeutic summaries or disability claims will also be billed according to a full session's fees. Please notify me if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. When requested, I will provide you with a copy of your receipt which you can then submit to your insurance company for reimbursement, if you so choose. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, I can use legal or other means (courts, collection agencies, etc.) to obtain payment.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, **a minimum of 24 hours notice is required for re-scheduling or canceling an appointment.** Unless otherwise arranged, the **full fee will be charged for sessions missed without such notification.**

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to me that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony. In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege

do not apply between the couple or among family members, unless otherwise agreed upon. I will use my clinical judgment when revealing such information. If there is an emergency during therapy, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the intake form.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct me, only the minimum necessary information will be communicated to the carrier. I have no control over, or knowledge of, what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job.

DUAL RELATIONSHIPS: Despite a popular perception, not all dual or multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs my objectivity, clinical judgment or can be exploitative in nature. It is important to realize that in some communities, multiple relationships are either unavoidable or expected. I will never acknowledge working with anyone without their permission. I can discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Dual or multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know which ahead of time. It is your responsibility to advise me if the dual or multiple relationship becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if I find it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

SOCIAL NETWORKING: I do not accept friend requests or professional links from clients on networking sites, such as Facebook or LinkedIn. I believe that act likely compromises your privacy and confidentiality. For this same reason, I request that clients not communicate with me via such sites.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on me to testify in court or at any

other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

TERMINATION: As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not work with clients who, in my opinion, I cannot help. In such a case, if appropriate, I will give you referrals that you can contact. If at any point during psychotherapy I either assesses that I am not effective in helping you reach the therapeutic goals or perceive you as non-compliant or non-responsive, and if you are available and/or it is possible and appropriate to do, I will discuss with you the termination of treatment and conduct pre-termination counseling. In such a case, if appropriate and/or necessary, I would give you a couple of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will give you a couple of referrals that you may want to contact, and if I have your written consent, I will provide the therapist with the information needed. You have the right to terminate therapy and communication at any time. If you choose to, upon your request and if appropriate and possible, I will provide you with names of other qualified professionals whose services you might prefer.

RECORDS AND YOUR RIGHT TO REVIEW THEM: Both the law and the standards of my profession require that I keep treatment records for at least seven years. Unless otherwise agreed to be necessary, I retain clinical records only as long as is mandated by Missouri law. If you have concerns regarding the treatment records, please discuss them with me. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful in any way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice. Considering all of the above exclusions, if it is still appropriate, and upon your request, I will release information to any agency/person you specify unless I assess that releasing such information might be harmful in any way.

I have read and understand this Informed Consent form.

_____ Date:
Client Name (Printed)

_____ Date:
Client/Guardian Signature

_____ Date:
Kelly Storck, LCSW