

# Informed Consent for Psychotherapy 01.2020

Core Counseling Services, LLC

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Informed Consent for Psychotherapy

## 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 Core Counseling Services, LLC (CCS). 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

You have taken a very positive step by deciding to seek therapy. 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. Core Counseling Services, LLC cannot promise that your behavior or circumstance will change. Core Counseling Services, LLC can promise to support you and do our very best to understand you and repeating patterns, 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 exist and are itemized below:

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. Reporting Child Abuse and Neglect, and Abuse, Neglect, or Exploitation of Protected Adults.
  - A. Clinical health professionals are required by law to report any information to the Illinois Department of Children and Family Services (DCFS) when there is a reasonable cause to believe a child known to them in their professional or official capacity may be an abused child or a neglected child.

- B. Clinical health professionals are required to make reports when there is reason to believe that an eligible adult (adult age 60 or older or adult with a disability between the ages of 18 and 59) has been subjected to abuse, neglect, self-neglect, or financial exploitation.
4. If a court of law issues a legitimate subpoena for information stated on the subpoena.
  5. 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.
  6. In compliance with the Firearm Concealed Carry Act (PA 98-063) and Firearm Owner Identification (FOID) Reporting System requirements as part of the Illinois Department of Human Services (IDHS), clinical health professionals are required to report patient information to the Illinois Department of Human Services without any prior consent when someone is determined to be a "clear and present danger" to themselves or others. This disclosure is not discretionary, but is mandated by law.
7. Clients Under 18 Years of Age:
- A. For minors between the ages of 12 and 17 receiving mental health services, information may be disclosed to a parent or guardian only with the consent of the client. However, a parent or guardian is entitled to the following information, even if the minor objects: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any.
  - B. Under most circumstances, there is no distinction between custodial and non-custodial parents unless there is a court order or custody agreement to the contrary.

Occasionally, CCS may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name. Core Counseling Services, LLC may not acknowledge you if encountered inadvertently outside of the therapy office. Your right to privacy and confidentiality is of the utmost importance to CCS, and CCS does not wish to jeopardize it by indicating, to others who may be present, that we have a relationship. However, if you acknowledge first, we 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 therapy office.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.