**Informed Consent for Psychotherapy**

GENERAL INFORMATION

While the therapeutic relationship is unique and personal, it is also a shared process with specific goals and practices. It’s important for both the therapist and the individual/couple/family being treated to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a framework for our work together. Feel free to discuss any of this with me. 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.

THERPAEUTIC PROCESS

If you are new to therapy, it is important to note that while engagement in the therapeutic process offers many potential benefits it can also pose challenges. Benefits of therapy may include a reduction in difficult feelings, an increase in skills to manage distress, greater personal awareness and insight, and resolutions to specific problems. Challenges may include experiencing uncomfortable feelings, such as sadness, guilt, or anger, as the process of therapy often requires discussing the unpleasant or challenging aspects of your life.  It is important to note that unfortunately there are no guaranteed outcomes, as personal motivation, engagement in recommended exercises between sessions, and life event, among other factors, often impact results. Participating in therapy requires a significant commitment and you should feel comfortable with the therapeutic relationship.  If you feel that our therapeutic relationship or process is not meeting your expectations, we encourage you to address these concerns openly in session, as the exploration is often beneficial to treatment. If challenges are not addressed and resolved, Link can connect you with another clinician on staff that may be a better fit.

CONFIDENTIALITY

The session content and all materials relevant 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 himself/herself/themselves 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. If the clinician has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of neglect or physical, emotional, or sexual abuse of a child under the age of 18 years or of an elderly individual.

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.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. I may share information about you in this context without using your name or any other identifying information. Brittany Velardi, PsyD License 024085.If we happen to see each other outside of the therapy space, I will not acknowledge you first unless you let me know that this is your preference. Your right to privacy and confidentiality is of the utmost importance to me. If you acknowledge me first, I will be more than happy to have a brief hello but will limit our conversations outside of the therapeutic space.

COMMUNICATION AND AVAILABILITY

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable, you should leave a voicemail requesting a return call. I will make every effort to return your call within one business day. If you are experiencing a life-threatening emergency or crisis you should call 911 or go to the nearest Emergency Room. Text messaging and email are not a secure medium for confidential communication. Therefore, it is preferred that you refrain from text messaging and instead, use the SimplePractice messaging feature on the smartphone app for treatment related check-ins. Email will be used for scheduling and session review purposes. Despite Link taking diligent action to protect clients' privacy, I cannot guarantee the safety and security of email and text communications.

FINANCIAL OBLIGATION

Clients are responsible for full payment of all fees for services provided by Link clinicians. Fees for all clinical services will be established prior to the beginning of treatment. Clients will be sent an invoice within two business days following the initial session and then will be billed monthly within three calendar days of month end for any future sessions. Clients are expected to complete payment within seven calendar days. Clinicians are available for brief, intermittent contact in between regularly scheduled therapy sessions. Frequent, lengthy, and/or ongoing support in between sessions will be subject to additional fees established on a case-by-case basis and discussed directly with the client. If you are utilizing insurance benefits, you must contact your insurance company to understand specific terms and limits of your coverage. While Link will provide necessary documentation of service, you are responsible for submitting claims to your insurance company following sessions. Furthermore, unless prior arrangements are made, you agree to pay the full fee for any missed sessions or sessions cancelled within 24 hours of the appointment time. Please let me know if you have any questions or concerns or would like to discuss any part(s) of the document further.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_