



Lifeline Family Enrichment Counseling

12343 Hymeadow Drive, Suite 2F, Austin, Texas 78750-1839

CONFIDENTIALITY AND INFORMED CONSENT FOR PSYCHOTHERAPY

GENERAL INFORMATION:

Thank you for selecting me to provide your counseling services! 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 document 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.**

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 some considerable discomfort on your behalf. 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. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself. My role is to empower you to make decisions that are most comfortable and best for you. True empowerment involves utilizing every aspect of your life. This includes your culture and your beliefs. Therefore, should you so desire, and when you deem it necessary, we can incorporate your faith into your sessions. My role is not to convert you to a certain belief but rather allow you to utilize your belief in helping you resolve your problems. You can expect me to be honest, appropriate and respectful of you, your individual culture, and beliefs.

Your counselor is expected to conduct him/herself in a manner consistent with the professional and ethical standards of the American Counseling Association. If for any reason you and your counselor cannot resolve any dissatisfaction with the services you receive, you may contact the Texas State Board of Examiners of Professional Counselors. You have a right to file a complaint. ***Should you wish to file a complaint against a Licensed Professional Counselor, write: Complaints Management & Investigative Section, PO Box 141369 Austin Texas 77714-1362; or call 1 800-942-5540. Be sure to include your counselor's license information: Barbara Fountain, LPC-Supervisor-Texas LPC License #: 58179.***

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. Your counselor will hold information shared in sessions in the strictest **allowable** confidence. However please be aware there are certain circumstances under which the content of your counseling session may no longer be confidential and must by **law** be reported. *These 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. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. 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.

In addition, on occasions I 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.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, however I feel it inappropriate to engage in any lengthy discussions in public or outside of the therapy office. In the event of a psychological emergency, please call 911; or contact the Travis County Emergency Hotline: 512-472-4357

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

SIGNATURE

DATE