

# Informed Consent for Psychotherapy

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## INFORMED CONSENT FOR PSYCHOTHERAPY

### ABOUT THE THERAPIST

Lavina Velasco is a Licensed Clinical Professional Counselor (LCPC) authorized to provide services in the State of Maryland and the State of Illinois involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems, emotional conditions, or mental conditions of individuals or groups.

### GENERAL INFORMATION

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. 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.

### The Therapy Process & Client-Therapist Relationship

The counseling/therapeutic relationship is unique in that it is highly personal and at the same time, a contractual, professional agreement. It is important for us to reach a clear understanding about expectations and how our professional relationship will work. Feel free to discuss any aspect of this Informed Consent with me before signing and dating at the end of this document.

Research shows that the relationship between client and therapist is the most significant factor bringing about change in psychotherapy. Our relationship, as a result, is a key to positive outcomes. I demonstrate a real commitment to the work of therapy and expect the same from clients.

**Benefits & Risks.** Psychotherapy offers an opportunity for healing and transformation. Benefits may include greater personal awareness and insight, reduced feelings of distress, increased satisfaction in interpersonal relationships, improved skills for managing stress, and resolutions to specific problems. Growth can also include experiencing emotional discomfort; processing thoughts and feelings about the present, past, and future; and taking healthy risks toward your goals.

**Therapist Responsibilities.** I will do my very best to understand you and your strengths, values, goals, circumstances, stressors, patterns, and challenges. As a licensed provider, I am committed to supporting you within the scope of my practice and ongoing training. My aim is to create a safe space for collaborative therapy, honoring your strengths, and supporting your transformation. At times I may also offer helpful psychoeducational insight as it applies to your life experience.

**Client Responsibilities.** *Ultimately, you are the sole authority of your life, and you are responsible for your health and personal growth process.* No therapist can guarantee your symptoms, behavior or circumstance will change. Whether brief or long-term, the outcome of your course in counseling depends largely on your *willingness to participate in a process of honest self-reflection, as well as an active effort on your part to engage in therapy practices in between sessions.*

## **Course of Therapy**

### **STARTING THERAPY**

The first 1-5 sessions will involve a comprehensive evaluation of your needs. This is also a time to make your own assessment about whether you feel comfortable working with me. When possible, it can help to meet weekly in the beginning to establish a sense of rapport, trust, and support. By the end of this initial period, I will be able to offer you some impressions of what our work might include. At that point, we will discuss your goals and create a therapy plan. If you have questions about my approach, we should discuss them whenever they arise.

### **ONGOING GOALS & PROGRESS**

Beyond the initial evaluation period, session frequency, length of therapy, and termination can vary from client to client based on multiple factors. Positive changes can take time. Sometimes therapy is more a marathon than a sprint. In any case, it is generally recommended that therapist and client review goals every 3-6 months to celebrate progress, modify interventions if necessary, and decrease frequency as goals are achieved and new skills are mastered. *It is important that you regularly let me know what you find helpful or not, what areas you would like to stress in treatment, and how you think you are doing in therapy. This might mean speaking up when you would rather avoid issues.* In turn I will provide you regular feedback. It is common for clients to decrease session frequency from weekly > bi-weekly > monthly > "as-needed" as goals are achieved.

### **PAUSING OR DISCONTINUING THERAPY**

Both the client and the therapist have the right to discontinue therapy at their discretion. Therapy offers an opportunity to practice new and healthy ways to alter and end relationships, including the therapy relationship itself, therefore the termination process is as important as the intake and treatment planning process. I agree to refrain from ending the counseling relationship without first discussing and exploring the reasons and purpose of ending therapy. In a similar manner, it will be helpful and appreciated if you extend the same courtesy.

### **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 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 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.

Occasionally 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, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

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