

Informed Consent for Psychotherapy

Rise Up Counseling/Lauren Gardner, MA, LPC, LAC, NCC

Denver, Colorado

riseupcounselingdenver.com

720-767-2333

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 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 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 your repeating behavioral or cognitive patterns, as well as to help you clarify what it is that you want for yourself.

The Therapeutic Relationship

Your relationship with the therapist is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that the therapist not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. The therapist cares about helping you but is not in a position to be your friend or to have a social and personal relationship with you. Gifts, bartering, and trading services are not appropriate and should not be shared between you and the therapist.

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. 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.

Payment for Services

The charge per therapy hour (45 -50 minute) session is \$150.00. Rise Up Counseling will look to you for full payment of your account at the time of service, and you will be responsible for payment of all charges. Rise Up Counseling does not currently accept insurance of any kind. Failure to pay for services may result in discontinuation of services and/or involvement with a collections agency.

Appointments and Cancellations

Appointments are made by calling 720-767-2333 between the hours of 8:00 am and 7:00 pm. Please call to cancel or reschedule at least 24 hours in advance, or you will be charged for the missed appointment. Your therapist reserves the right to cancel your appointment if you show up sick, intoxicated or with minor children that might interfere with the counseling session.

Contact Information

By signing the Informed Consent and Privacy Practices Receipt, you are consenting for Rise Up Counseling and Lauren Gardner MA, LPC, LAC, NCC to communicate with you by mail, e-mail, and phone at the address and phone numbers provided at the initial appointment, and you will immediately advise WTCG in the event of any change. You agree to notify the Center if you need to opt out of any form of communication.

Therapist's Incapacity or Death

In the event the therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of client records. By signing the Informed Consent and Privacy Practices Receipt, you give your consent to another licensed mental health professional designated by Rise Up Counseling to take possession of your files and records and provide you with copies upon request, or to deliver them to a therapist of your choice.

About the therapist and credentials

Master of Arts Counseling, Regis University Denver, CO. (2019)

Licensed Professional Counselor – State of Colorado – License #LPC.0017822

Licensed Addiction Counselor - State of Colorado - License #ACD.0001927

Nationally Certified Counselor – National Board for Certified Counselors (NBCC) – Certification #1372510

Areas of Competence

Rise Up Counseling and Lauren Gardner serve adults 18+ by providing individual psychotherapy. I have received specialized training and have experience working with clients impacted by addictions, anxiety, depression, body image, grief and loss, and trauma concerns. I use the following counseling techniques: Mindfulness, Cognitive Behavioral Therapy, Dialectical Behavior Therapy and Motivational Interviewing.

Consent to Treatment

By signing the Informed Consent and Privacy Practices Receipt, you voluntarily agree to receive mental health assessment, care, treatment, or services and authorize the therapist to provide such care, treatment, or services as are considered necessary and advisable. Signing indicates that you understand and agree that you will participate in the planning of your care, treatment, or services, and that you may stop such care, treatment, or services at any time. By signing the Informed Consent and Privacy Practices Receipt, you acknowledge that you have both read and understood all the terms and information contained herein. Ample opportunity has been offered for you to ask questions and seek clarification of anything that remains unclear.

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