

What Is Informed Consent?

Informed consent is a process by which all clients are given meaningful information pertaining to an agency's treatment policies, fee structures, and clients' rights. Individuals can then make informed decisions about whether or not to accept and proceed with a particular course of treatment for a medical or psychological condition.

CONFIDENTIALITY AND REPORTING

Confidentiality means that I, your therapist, have a responsibility to safeguard information obtained during counseling. All identifying information about your assessment and treatment is kept confidential, except as mandated by law. You must sign a release of information before any information about you is given to anyone, except as mandated by law.

In certain situations, I am required by law to reveal information obtained during therapy to other persons or agencies without your consent. In such situations, I am not required to inform you of these actions. Please note the following exceptions to confidentiality:

- Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- Confidentiality does not apply to cases of potential harm to self or others.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality does not apply to cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.
- Confidentiality may not apply to cases involving a minor child. In such cases, the mental health professional may advise a parent or guardian of a minor, with or without minor's consent, of the treatment needed by or given to the minor

INTERN COUNSELORS AND SUPERVISION

Graduate level Counseling Interns with special training in trauma may provide counseling services. All interns receive weekly supervision from a licensed clinician and are expected to maintain the highest standards of confidentiality, professionalism, ethics, and therapeutic service.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

I am required by law to protect the privacy of your health information. Although your counseling record is the physical property of Rape Response, the information contained in your health record belongs to you. You have the right to:

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- request a restriction on certain uses and disclosures of your information
- inspect and obtain a copy of your health record
- amend your health record as provided by law
- obtain an accounting of disclosures of your health information as provided by law
- request communications of your health care information by alternative means or locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

COMMUNICATIONS POLICY

Communication between you and your therapist will be conducted with the utmost care and concern for your privacy and confidentiality. Emails, text messages, and voicemails require signed consent from you for each device or account used. Also, communication about your appointments or cancellations with anyone other than you requires signed consent from you.

It is your therapist's policy not to communicate with clients or accept friend requests from any current or former client on any social media sites such as Facebook, LinkedIn, Instagram, Pinterest, or Twitter. Additionally, your therapist will not search for you on Google or any other search engine. Any information gained about you in session should be of your choosing and on your own time.

THE BENEFITS AND RISKS OF COUNSELING

One major benefit that may be gained from participating in counseling is resolving the concerns that brought you to therapy. Other possible benefits may be a better ability to cope with current stressors and gain a greater understanding of personal goals and values.

For survivors of sexual abuse, therapy is focused on resolving the symptoms of trauma, decreasing negative coping mechanisms while increasing positive coping mechanisms, and developing personal skills that will empower you to create a healthier life moving forward.

There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. Your therapist will do her/his best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

SCHEDULING POLICIES

Therapy sessions are by appointment only. If you have an emergency, you should call 911 and then inform your therapist at your earliest convenience so that we can arrange for your follow-up care. A counseling session will last 50 minutes. You are responsible for coming to your session on time;

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if you are late, your appointment will still need to end on time. Cancellations must be made twenty-four hours in advance. More than three cancellations without adequate cause and/or notice may result in the termination of therapy until you have made arrangements to regularly attend scheduled sessions.

TERMINATION OF SERVICES

- a. <u>Client</u>: The client has the right to terminate treatment at any time. If the client wishes to terminate treatment prematurely, it is the therapist's responsibility to refer the client to another appropriate treatment resource or to help the client terminate treatment as constructively as possible. (Failure to attend sessions does not constitute termination but may lead to termination of treatment.)
- b. **<u>Therapist</u>**: A therapist may terminate treatment for the following reasons:
 - <u>Non-compliance</u> If the client fails to follow recommended treatment protocols, safety plans, or support services or provides misleading or inaccurate information; and
 - <u>Non-attendance</u> Failure to attend regularly scheduled therapy sessions undermines the treatment plan for the individual receiving services; therefore, failure to attend or to cancel in advance regularly scheduled sessions is reason for termination of services. A client can be terminated if they miss and fail to cancel three consecutive treatment appointments.

COMPLAINTS

If you have a complaint against your therapist or a Counseling Intern related to therapy, we encourage you to first discuss your thoughts with your therapist so we can resolve the issue and increase the effectiveness of therapy and your ability to reach the goals you've set. However, if you believe your therapist has violated an ethical code, you can file an official complaint through the Secretary of State of Georgia at http://sos.ga.gov/plb/submitcomplaint.php. Filing a complaint against your therapist does not change any of the agreed upon standards of practice outlined in this form.

WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING

I have read and accept this agreement and herewith consent to counseling/psychotherapy and appropriate treatment with your Rape Response therapist.

Client Signature	Date
Legal Representative	Date
Intern/Therapist	Date
Stacy Emerick, LPC	Date
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