



Informed Consent for Adult Clients

Informed Consent for Assessment and Treatment of Adult

Thank you for choosing me as your counselor. I realize that starting therapy is a major decision and you may have many questions. The information herein is in addition to the information contained in the Notice of Privacy Practices. I am legally and ethically responsible to provide you with informed consent. If you have other questions or concerns, please ask, and I will try my best to give you all the information you need.

My Qualifications and Credentials

I (Luke Watson) have a Master's of Arts in Mental Health Counseling from Indiana University of Pennsylvania and am a Licensed Professional Counselor (LPC) in the state of Pennsylvania. I am also a Nationally Certified Counselor (NCC) by the National Board for Certified Counselors. I am a professional member of the American Counseling Association. I have worked in the mental health field, primarily with children and adolescents, for 14 years.

Services

I specialize in therapy to children ages 8-18 but also provide competent counseling to adults including parents or caregivers. I offer individual, group, or family therapy sessions. I use an eclectic range of treatment modalities including mindfulness based stress reduction (MBSR) and cognitive-behavioral therapy (CBT). If I feel it is necessary to refer you to another mental health professional with more specialized skills, I will share that information with you and help you find another provider to meet your needs.

Risks and Benefits

Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, improved confidence and specific problem solving. I cannot guarantee these benefits, of course. It is my desire, however, to work with you to attain your personal goals for counseling.

Confidentiality and Limits to Confidentiality

Therapy is most effective when a trusting relationship exists between the therapist and the client. Privacy is important in securing and maintaining that trust. Confidentiality will be maintained as to identifying information and information that you share with me in the course of counseling unless you give me written permission to talk with someone about your treatment. You have the authority to release information of your choosing with whom you wish it to be shared with. If you request for me to share information with someone, I will ask you to first sign an Authorization to Release Information Form before I can talk to anyone about your treatment. There are some important specific exceptions in which I will need to break confidentiality. They including the following:

1. You tell me that you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform necessary parties of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
2. You tell me that you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform the person who you intend to harm and do all that I am able to do to keep that person safe including possibly contacting law enforcement.
3. I am required to report suspected physical, sexual, or emotional child abuse or neglect to ChildLine by PA state law. I also am required to report abuse done by anyone fourteen (14) years or older that resides in the same home as a child being abused or that is responsible for the welfare of a child like a babysitter or school employee. I am a mandated reporter by state law and must report based on reasonable suspicion. It is my policy to share with you that I am making a report if I need to make a report to Childline, unless I feel that sharing this information would put someone at risk.
4. If you are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

Consent for Treatment

I have read and I understand the above policies. I give informed consent to receive counseling at New Waters Counseling LLC. I understand that I have the option to stop participating in counseling at any time if I choose to revoke my consent. I agree to abide by the policies and procedures of New Waters Counseling LLC to the best of my ability.

Signature of Client

Date