

**BIRCHWOOD CLINIC, LLC**

**1950 N DAMEN AVE, CHICAGO, IL 60647**

**(312) 806-2140**

**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 upon your willingness to engage in this process, which may, at times, result in personal discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on powerful 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 to help you clarify what it is that you wish for yourself.

*Confidentiality*

The session content and all materials relevant to your treatment will be held confidential unless you request, in writing, to have all or portions of such content released to a specifically named person/persons. However, there are limitations on the privilege of confidentiality, and the key ones are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself 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 duly authorized person issues a 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 disclosing your name.

I may not acknowledge you if we encounter each other inadvertently outside of the therapy office. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize it by indicating, to others who may be present, that we have a relationship. 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.

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Signature

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Date

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Printed name